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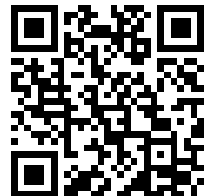
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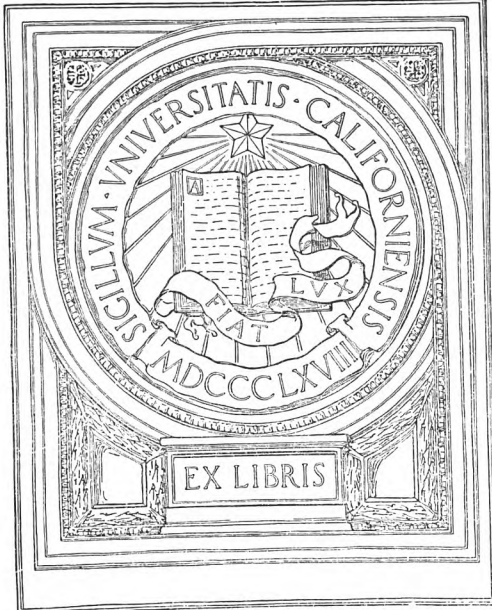
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THE HOMŒOPATHIC WORLD.

JANUARY 1, 1884.

A REVIVAL IN THE RANKS.

WE commence to-day our Nineteenth Volume, under auspices the most favourable. Never before, since we have known anything of Homœopathy, have the profession shown such a keen interest in the subject of homœopathic therapeutics as now. True the leading organs abuse us as loudly and as vulgarly as ever, true the existing societies still refuse to recognise our *locus standi* officially; but unofficial sub-committees are constantly discussing the question as to how the thing is to be done; as to how the profession is to recognise and absorb the "Homœos and their pathy." "It is no use," say they; "the homœopaths beat us in the business of curing, and we must take a leaf out of their book." But the how is not so clear.

Some of the better educated and more bold and independent of these are declaring for Homœopathy purely and simply. At the November meeting of the British Homœopathic Society *seven new* members were proposed, and of these five are new converts to Homœopathy—viz., J. Marsh, Esq., M.R.C.S., London; J. C. Molson, Esq., Medical Student, London; A. R. Moody, Esq., M.B., C.M. (Edin.), Stoke-upon-Trent; W. H. Rean, Esq., M.R.C.S., L.S.A., Brighton; and J. Walther, Esq., M.B., C.M. (Edin.), Eastbourne.

At the December meeting of the same society Dr. Barker, M.B., C.M. (Edin.), of London, and A. H. Orpin, Esq., M.K.Q.C.P., Ireland, and L.R.C.S. (Edin.), were balloted for as inceptive members.

We note these new additions to our ranks with very great satisfaction, because it shows that honour will in the end be rendered to whom honour is due. All honour to these men, who have the courage of their convictions. This is how we greet the friends of the *Homœopathic World* at the beginning of Eighteen Hundred and Eighty-four. We have had to

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record losses by death during the past year, now we extend a brotherly welcome to the new arrivals.

THE OXYTOCIC ACTION OF QUININE.

MR. HARTIGAN, in the *British Medical Journal*, June, 1883, refers to an article by Dr. Macleod, of Shanghai, on the "Problematic Oxytocic Action of Quinine" in the *Journal* of February 24, and records that in three cases he had on several occasions to discontinue the use of quinine, because it brought on "labour pains," even in small doses of three to five grains. One case came under the author's notice, where abortion was produced by a dose of ten grains of quinine. This action of the drug is known to the Chinese, who take it for the purpose of producing abortion, following its use by copious draughts of tea. Quinine certainly in some cases increases the menstrual flow. Many observers have written upon this point; and while some assert that quinine produces abortion, others deny it altogether, Dr. Macleod leaning to the view that the drug prevents abortion in some cases; and doubtless, in the reporter's opinion, formed after a very extensive experience in Java, the home of malaria, Dr. Macleod has very good grounds for holding his view, because it is the malarious fever, for which quinine is often given, that leads to abortion, and if this fever be checked by the timely use of the drug, such abortion is avoided, while, if given too late, the disease, and not the remedy, is the cause of the disaster.

THE VIRTUES OF COFFEE.

ITS EXHILARATING EFFECTS UPON THE SYSTEM AND BENEFITS IN A MEDICINAL WAY.

It is getting to be the fashion now for people to say that coffee is injurious to health, and many persons are giving it up regretfully. Perhaps coffee is very injurious in some cases, but of all beverages it is contended that it is the least injurious. Coffee-drinkers are generally cheerful, strong, and persevering. The eminent Dr. Bock, of Leipsic, says, "The nervousness and peevishness of the times are chiefly attributable to tea and coffee." He says that "the digestive

organs of confirmed coffee-drinkers are in a state of chronic derangement, which reacts on the brain, producing fretful and lachrymose moods." "I cannot agree," says Dr. Henry Segur, of Paris, "that the nervousness and peevishness of the present time are to be attributed to the use of coffee. If people are more nervous or in worse humour now than formerly, we may find other causes arising from the customs and habits of society much more likely to produce such a state of things than the use of this particular article of diet."

Let us examine the effects of coffee on the economy. Taken in moderation it is a mental and bodily stimulant of a most agreeable nature, and, followed by no harmful reaction, it produces contentment of mind, allays hunger and bodily weakness, increases the incentive and capacity for work, makes man forget his misfortunes, and enables those who use it to remain a long time without food or sleep, to endure unusual fatigue, and preserve their cheerfulness and contentment. Jomand says: "An infusion made with ten ounces of coffee enables me to live without other food for five consecutive days without lessening my ordinary occupations, and to use more and more prolonged muscular exercise than I was accustomed to without any other physical injury than a slight degree of fatigue and a little loss of flesh."

The mental exhilaration, physical activity, and wakefulness it causes, explain the fondness for it which has been shown by so many men of science, poets, scholars, and others devoted to thinking. It has, indeed, been called the intellectual beverage. It supported the old age of Voltaire, and enabled Fontenelle to pass his hundred years.

The action of coffee is directed chiefly to the nervous system. It produces a warming, cordial impression on the stomach, quickly followed by a diffused, agreeable, and nervous excitement, which extends itself to the cerebral functions, giving rise to increased vigour of imagination and intellect, without any subsequent confusion or stupor such as are characteristic of narcotics. Coffee contains essential principles of nutrition far exceeding in importance its exhilarating properties, and is one of the most desirable articles for sustaining the system in certain prostrating diseases. As compared with the nutrition to be derived from the best of soups, coffee has decidedly the advantage, and is to be preferred in many instances. The medicinal

effects of coffee are very great. In intermittent fever it has been used by eminent physicians, with the happiest effect, in cutting short the attack, and if properly managed is better in many cases than the sulphate of quinine. In that low state of intermittent, as found on the banks of the Mississippi River and other malarial districts, accompanied with enlarged spleen and torpid liver, when judiciously administered, it is one of the surest remedies. In yellow fever it has been used by physicians, and with some it is their main reliance after other necessary remedies have been administered: it retains tissue change, and thus becomes a conservator of force in that state in which the nervous system tends to collapse, because the blood has become impure; it sustains the nervous power until the depuration and reorganisation of the blood are accomplished, and has the advantage over other stimulants in inducing no injurious secondary effects. In spasmodic asthma its utility is well established, as in whooping-cough, stupor, lethargy, and such troubles. In hysterical attacks, for which in many cases a physician can form no diagnosis, coffee is a great help.

Coffee is opposed to malaria, to all noxious vapours. As a disinfectant it has wonderful powers. As an instantaneous deodoriser it has no equal for the sick-room, as all exhalations are immediately neutralised by simply passing a chafing-dish with burning coffee grains through the room. It may be urged that an article possessing such powers and capacity for such energetic action must be injurious as an article of diet of habitual employment, and not without deleterious properties; but no corresponding nervous disarrangements have been observed after its effects have disappeared as are seen in narcotics and other stimulants. The action imparted to the nerves is natural and healthy. Habitual coffee-drinkers generally enjoy good health. Some of the oldest people have used coffee from earliest infancy without feeling any depressing reaction such as is produced by alcoholic stimulants.—*Detroit Free Press, Oct. 28, 1882.*

"WHAT IS HOMŒOPATHY?"

Your correspondent, "M.R.C.S.," who, in the October number of the Magazine, indulged in so furious a diatribe against the principles and practice of Homœopathy, furnishes

one more illustration of the truth of the old adage, “a little knowledge is a dangerous thing.”

Had “M.R.C.S.” taken the trouble to make himself somewhat better acquainted with the practical workings of the system he so vehemently decries, he would not, I fancy, have penned the unfortunate communication in question, the greater part of which condemns itself.

Permit me, Sir, as briefly as may be, to show the utter instability of the card-house of criticism your correspondent has endeavoured to build.

I really thought that the “law of definite proportion” had long ceased to be cited as an argument against the doctrines of Hahnemann, except perhaps by a few old-fashioned practitioners whose bigotry remains in the inverse ratio to their acumen; however, lest any of your younger readers should unwittingly be led astray by the letter which appeared last month, I will reply in a few words to the assumption of “M.R.C.S.” upon this point.

The “law of definite proportion,” so far as we at present understand it, is applicable (with certain exceptions) to the composition and decomposition of chemical substances in general; but at the present day he must indeed be a bold man who can seriously propose to apply it to the action of drugs upon the animal economy. The utter futility of such a course must be instantly apparent to any one who will give the subject a moment’s consideration.

Most of the vegetable alkaloids have a far higher “equivalent” or combining weight than the generality of the metallic salts, yet who amongst us—whether “orthodox medical man,” “pharmaceutical chemist,” or otherwise—would venture to assert that they should be prescribed in “equivalent” proportions?

The atomic weight of *veratrine*, for example, cannot be taken as less than 288, but would “M.R.C.S.” have the temerity to say that that number of grains is (medicinally) “equivalent” to 32 of sulphur or 58.5 of common salt?

A strong man, weighing perhaps 160lb. or more, may be killed by the administration of one-fiftieth of a grain of *aconitine*, an amount equal to precisely 1-56,000,000th of his weight, and which, therefore, bears a proportion to his body verging upon the *infinitesimal*. What becomes of the “law of definite proportion” in a case like this?

A fatal disease has been communicated to one of your correspondent’s “brethren of the cloth” before now by a single

prick from a bit of wire (which had sewn up a wound) during a *post-mortem*. What balance could weigh or test appreciate the "quantity" of virus which produced this stupendous result?

Instances might be multiplied to a wearisome extent where "infinitesimal" quantities of various substances are found capable of exerting a powerful influence upon (comparatively) enormous masses of other substances, and this not only in the medical but even in a chemical sense also.

A tiny bristle, the point of which has just been touched with olive oil, and then "blotted off," would, if (fastened to a long stick by way of handle, and) dipped into a few pounds of chloride of nitrogen, occasion an explosion which might wreck an entire city, and destroy many thousands of lives, and yet the eye of the smallest needle ever made would be too large a receptacle for the primary cause of all the mischief!

The "chemical equivalents" of iron and copper are not vastly different, as far as the mere figures go; why is it then that a *farthing*, weighing perhaps a quarter of an ounce, will, if thrown into a puddling furnace containing three hundredweight of iron, absolutely prevent the "balling" process from being carried out?

As to the "attenuation" question, upon which your correspondent tries to be so excruciatingly funny, did he never in the days of his unsophisticated youth attend any lectures where the influence of *surface*, or (which is the same thing) *division*, upon chemical affinity was demonstrated to him? Has he never been shown the (comparative) absence of effect of the spontaneous oxidation of a large bar or ingot of lead, and the light and heat produced by half a grain of the same metal if exposed to the air in the finely-divided condition occurring in the so-called "tartrate of lead pyrophorus"?

"M.R.C.S." is as unfortunate in his criticism of the "*similia similibus curantur*" doctrine as in his other remarks, as, did your space, Sir, and your readers' patience hold out sufficiently, I would undertake to point out many illustrations of the above concrete medical truth, even from the case-book of any allopathic doctor in good practice and repute.

Finally, Sir, putting aside all theory or assumptive argument for the nonce, I may fairly point to the steady expansion of Homœopathy, both in this country and abroad, as evidence of its practical success.

Sixty years ago the system was unknown in America; to-day upwards of 275 institutions and 7,000 homœopathic physicians flourish there.

In two separate military hospitals at St. Louis, the allopathic and homœopathic systems were respectively tried for six months. In the former, out of 990 cases, 139 remained under treatment, 731 were cured, and 120 died. In the latter, 833 were treated, 15 remaining in hospital at the end of the six months, while 813 were cured, and only 5 died.

France, Germany, and our own country, have all (when fairly tested) evidenced the same kind of facts in much the same kind of way, but I spare your readers the recital of statistics which they can readily refer to for themselves.

Any person who dispassionately studies the subject cannot fail, after due inquiry, to discover that the percentage of fatal cases is invariably much greater when allopathically than when homœopathically treated, and, therefore, unless—like “M.R.C.S.”—unduly prejudiced, he can scarcely help agreeing in the opinion that Hahnemann “diminished suffering and lengthened life” with Dr. Blomberg, and your obedient servant,—AN OLD HOMŒOPATH, in *December number of the “Monthly Magazine of Pharmacy.”*

TARENTULA CUBENSIS IN DIPHTHERIA AND OLD ULCERS.

GENTLEMEN,—In your *Bulletin*, of August, 1880, you published a letter from Dr. José J. Navarro, of Santiago de Cuba, in which he describes the remedial effects of *Tarentula Cubensis*.

You invited physicians to test it to obtain new symptoms. Since that time I have procured the medicine, and used it extensively in my practice.

All homœopathic physicians are well aware that *Aconite* will cure an acute inflammatory fever in a very short time, say, in eight or ten hours, but that it is of no avail in Diphtheria.

Tarentula Cubensis, I have found, will cure diphtheritic fever in its highest forms with delirium in about the same time that the former remedy cures acute fever, and, if given at the proper time, rarely wants any other medicine to perfect the cure.

Some time ago, I was suffering with a bony tumour on the

tibia, a few inches above the ankle-joint, which grew in size for a few weeks, and then broke out into an ulcer, and the inflammation spread a very great distance. I believed it to be a case of osteo-sarcoma, and not a local disease; consequently, I applied the very mildest dressing to the sore that could be made.

This sore remained open for over two years. When I read Dr. Navarro's letter in the *Bulletin*, I considered that his case was the same kind of inflammation that I had in my leg. I obtained some *Tarentula Cubensis*, and took a dose twice a day, morning and evening, and soon after the inflammation disappeared rapidly, and in less than three months the ulcer was entirely cured.

I have also tried it in scirrhus tumours in the breast, and have been quite satisfied with its effect.

Respectfully yours,

SAMUEL FREEDLEY, M.D.

Philadelphia, February 14th, 1883.—*Boericke's Bulletin.*

DR. FOOTE'S POTENTIZER.

DR. FOOTE, of Stamford, Conn., sends us a cut of what purports to be an efficient, simple, convenient, and rapid potentizer. It is said to be perfect in its operation. Never varying from a truthful presentation of a centesimal attenuation, or, by the turn of a screw, the decimal, if desired. Adapted to the use of alcohol or water, it measures out the exact quantity for each potency of the menstruum used, counting and recording the same with accuracy.

The propelling power, being the momentum derived from the force of the inflowing liquid, gives all the succussion needed for thorough comminution. At each revolution the contents of the receiver is thrown out, while the drop adhering to the sides forms the basis of the next dilution.

The rapidity with which this little machine operates, together with all its requisites to insure the most gratifying results, places it above comparison with any existing process or means for the same ends, heretofore in the hands of the profession.

The advantages in practice of having freshly prepared medicines, or in having them prepared by the hands of the prescribing physician as advised by Hahnemann, with the assurance which it gives, of knowing that the medicines are

of the kind and degree of potence sought for in each case, renders this a desirable and almost indispensable addendum to every doctor's office, whether he uses high or low potencies. A positive knowledge of what is being given, without the possibility of a mistake by disinterested manipulators, has its advantages, readily understood. When, as sometimes happens, we fail to get the relief sought from a carefully-selected medicine, we may often overcome the difficulty by changing the degree of attenuation, and by freshening the medicine with renewed potential activity. The medicines for this can be prepared by the above machine with but little loss of time while the patient waits.

Hahnemann found time amid all his great labours to prepare his own medicines, and his unparalleled success in curing disease was greatly aided by the conscious assurance that his medicines were of the kind represented by their labels.

Practitioners who are pressed for time can have their vials labelled and corked by other parties; while the personal attention needed in manipulating the machine will scarcely infringe upon other duties. One second only to each potency, a half minute for the 30th, or three minutes and twenty seconds for the 200, and so on *ad infinitum*; or it may be done in half this time with equal certainty. If it is desired to go up to any degree above the 2c, the clock attachment stops the process at any desired number, and rings an alarm. Other duties in the meantime can be attended to. A ten-foot head or any pressure above that can be made available to run the machine.

Country physicians living where there is no hydrant water, can provide for the same by a tank or barrel in the upper story. Attachments can be made with rubber or metallic conduits.

The profession will please understand that medicines prepared by the above machine bear no relation to those prepared by the so-called fluxion process.

The latter is made by adding a hundred drops of water by an inflowing stream to a single drop of the mother tincture. This makes the first centesimal potency. But the so-called second potency is made by taking the whole of the first (instead of one drop) and adding to it another hundred drops of water. And so on continuously with a running stream, counting one for each additional hundred drops added, which though flowing over and out as fast as it flows in, is always

adding one hundred to the preceding one hundred. The scale of attenuation is one to one, of each, or by equal quantities to equal quantities. It is the unit scale and not the centesimal, and as compared with the latter it must be exceedingly low, notwithstanding the fancied thousands, millions, billions, and quadrillions with which they are enumerated and labelled as centesimal potencies.

Whereas by the above machine the scale is the true Hahnemannian centesimal dilution, and the medicines potentized by it have a reliable curative efficiency unequalled by anything in use by the profession.

The price of the machine nickel plated will be \$25, with an extra charge of \$4.00 for the clock attachment.

The question of purity, when medicines are attenuated by water containing foreign matter, as all waters do, is simplified, when that used in diluting is all from the same source. If the original medicine is pure and but one kind of menstruum is used, the process of diluting will affect only the medicine; for the reason that the impurities in the menstruum are already divided to the full capacity of the water. Adding from the same fountain water to water does not change the relation of their impurities. While the medicine continues to be divided with each addition of water and it alone becomes attenuated, and therefore potentized to a discreet degree, above the contaminating influences of the impurities in the menstruum used.

HERNIARIA GLABRA, besides being of benefit in acute cystitis of the neck of the bladder, has been used successfully in chronic cystitis and in the bladder and urethral troubles attendant upon certain conditions of the womb and vagina. It seems also to possess an important preventive action in cases of gonorrhœa—*i.e.*, it limits the inflammation to the anterior portion of the urethra, and renders less liable the extension of the disease to the deeper part of the urethral canal, its adjuncts and the bladder. It has been used by one physician in thirty cases of gonorrhœa, and in none of these cases has the inflammatory action passed deeper than is ordinarily found in a simple case of this disease. This preventive action will, as a matter of course, render far less probable that disagreeable but common accompaniment of gonorrhœa, epididymitis.—*New York Medical Times.*

DR. MURRAY MOORE ON PLANT GROWTH.

LAST night, at the weekly meeting of St. Matthew's Mutual Improvement Society—Rev. Mr. Tebbs presiding—a most interesting paper on "Plant Growth" was read by Dr. J. Murray Moore. The paper was well received, and was a successful attempt to popularise a scientific subject, besides treating of a great many matters of considerable interest. The subject was illustrated by means of twenty-eight splendid views on glass exhibited by means of the magic-lantern. These views were executed by Mr. W. S. Herapath by a new process, which is most valuable for the reproduction of illustrations on glass. The lecture, which we believe Dr. Moore intends to amplify and redeliver on another occasion, was thoroughly enjoyed by a large audience, who at the close accorded the lecturer a hearty vote of thanks. A number of exhibits were on view, and were inspected with much interest at the close of the lecture.

We clip the foregoing from the *Auckland Star*, of August 28th, 1883, as a bit of news of our old friend and fellow-worker, Dr. Murray Moore.

VETERINARY CASES.

By THOMAS SKINNER, M.D., London.

A LADY belonging to Yeovil, in Somerset, writes me as follows:—"You were so kind about our dogs and horses that I am now going to venture to ask you if you will do something for our pet cat. She is almost thoroughbred Persian, and she is the pet of the house. She has a fearful cough, sharp and hard, which seems to give her great pain. She stretches herself out flat on her stomach whenever the cough comes, and for a long time *after a bout of coughing you can see her breathing as if it were very hard for her to do so.* These attacks of cough, followed by difficult breathing, come now and again during the day, and they have lasted now for some weeks, getting the longer the worse, and the poor animal seems to dread it." (The italics are my own.)

I had no difficulty in "spotting" the remedy, because of all medicines having *dyspnœa after cough* it is *Arsenicum*, and it is characteristic—indeed, so perfect a keynote is it in pertussis, and asthma in general, that I have little hesitation in stating that in ninety-nine cases out of one hundred if

dyspnoea after cough is a regularly marked symptom *Arsenicum* is bound to cure or greatly ameliorate the patient's suffering, be they belonging to the lower or the higher class of animals. On 1st December, 1883, I sent "puss" one small powder of *Arsenicum* 50m (F.C.), with directions to place it dry on her tongue. One dose, be it remembered. On December 10, in a postscript, the lady owner of the Persian "Tabby" wrote me, "Thank you so much for Pussy's medicine, she has not coughed once since she took it, and looks a different cat."

Comment would spoil the whole affair, but possibly "An Astonished Layman" or "L.R.C.P." can throw some light upon it, and when they have torn their hair and gnashed their teeth sufficiently, because of their impotence, I have plenty of the same sort in store for them.

POISONING BY ACONITE.

ONE or two points in a case of poisoning by *Aconite* may be of general interest. I saw the case for a neighbouring practitioner, on November 11, about an hour after the poison had been taken. The patient was an hysterical woman, aged about forty. She had taken about three drachms of the *Lini-mentum Aconiti B.P.* When I first saw her she was much prostrated; she did not answer questions, but was able to tell me that she had taken the poison herself, and to utter some short prayers. There were frequent general convulsions, rather violent. The face was much congested; the lips were red; the pupils much dilated; the sclerotic injected; the iris somewhat irregular in the external outline. The pulse was full, and somewhat irregular. Respiration was blowing, and rather rapid. A slimy tenacious mucus was expelled from the lips with almost every expiration. I gave her an emetic; but I believe there was no power of swallowing. The convulsions were easily repressed by a wet towel over the face and head; but this seemed to cause much depression. There was entire loss of sensibility of the skin. About a quarter of an hour after I saw her the surface of the body became suddenly cold; the respiration and pulse ceased; but she was revived by a hot poultice on the epigastrium. The convulsions became less frequent as the poison gained ground; and she was speechless for about twenty minutes before her death, which occurred about an hour and three-

quarters after the poison had been taken. At no time was the face blanched, or the lips bloodless; on the contrary, the lips became dark blue after death. A slight tremor of the lower lip was noticeable some moments after pulse and respiration ceased. Artificial respiration was ineffectual.

The points to which I wish to call attention are: the convulsions, the inability to swallow, the dilatation of the pupils, the congestion of the face, the insensibility of the skin, and the reviving effect of the poultice over the epigastrium.

I am indebted to Mr. H. Holberton for permission to publish these details.—*Herbert W. Seager, M.B., Hampton Court, in "British Medical Journal."*

CERIUM OXALICUM IN WHOOPING COUGH.

In the *Allgemeine Homœopatische Zeitung* (No. 23, Bd. 107) we find an article by Dr. Sigmundt, of Spaichingen, on the use of the *Oxalate of Cerium* in pertussis. It seems that our friend, Dr. Proll, of Nice, suggested its use.

According to Dr. Sigmundt the special indications for *Cerium Oxalicum* in pertussis are: 1, Epistaxis; 2, Frequent vomiting. Dr. Sigmundt cites three severe cases of pertussis rapidly cured with this remedy in the 6th decimal dilution.

HERPES AND PNEUMONIA.

A CONTEMPORARY tells of a case of left-sided acute pleuro-pneumonia now in St. Mary's Hospital which developed an outbreak of genuine herpes zoster of the left lower side of the chest. In this regard it recalls an instance very like the above, which Fernet recorded in the *France Médicale*, No. 32, 1882. A lady was attacked simultaneously with acute lobar pneumonia of the right lower lobe, with herpes of the palate and throat, of the nose, of the right side of the chest corresponding to the eighth intercostal nerve, of the last phalanx of the middle finger of the left hand, and finally of the external genitals. The pneumonia lasted six days; the herpetic vesicles dried up in fourteen. Fernet is inclined to regard this form of pneumonia as a "herpes" of the lung, due to a lesion of the "trophic" nerve, which function resides with the vagus. The frequent occurrence of nasolabial herpes on the same (not always) side as the lung-lesion is of interest in this connection.

BRIEF CLINICAL NOTES.

By DR. HARMAR SMITH.

Bismuth in Obstinate Diarrhœa.*(Continued from Vol. XVIII., p. 538.)*

CASE 6.—Miss —, an octogenarian, residing not far from the North Foreland Lighthouse, and very near the celebrated "Bleak House." She is a very decided homœopath. I was introduced to her in 1877 by a commendatory letter from Dr. Dudgeon (who evidently acts on the maxim, "Live and let live"), and she has remained a steady patient ever since.

She has been spending her summer holiday at a farmhouse near Ashford. Here the w.c. was in a garden, and its approach was in sight of the residents, which made it very annoying to my sensitive patient to go there. She was, therefore, in the habit of delaying the necessary evacuation as much as possible. It was thus not to be wondered at that on her return home in October a severe attack of dysenteric diarrhœa should be the consequence of this irregularity. October 24th was the date of my first visit. Miss — was then passing many fluid motions in the day and night, mixed with blood and slime. There was great tenderness on pressure at the left extremity of the transverse colon, and in the course of the descending colon, with constant pain in the same situations, greatly increased at intervals. These symptoms continued as long as blood and slime were parted with, clearly proving the existence of ulceration of the colon. There was little acceleration of the pulse or elevation of temperature. I, however, put my patient on a milk and farinaceous diet, allowing, as the pulse was very compressible and the heart acting feebly, a small quantity of brandy and port wine. The dysenteric symptoms slowly gave way, but blood and slime did not entirely cease to be passed until November 5th. From this time there were about half a dozen dark feculent evacuations in the twenty-four hours, many being passed involuntarily. There was also frequent ineffectual urging.

On the 12th of November there were seven motions in the twenty-four hours, though more scanty than they had been. The medicines given during the former part of the attack were *Colocynth*, *Merc.-Cor.*, *Podophyllum*, and *Ipecac.*, and since the cessation of the dysenteric symptoms, *Arsenicum*, *Veratrum*, and *China*, with an occasional dose of *Ipecac.* I

now gave *Bismuth*, and, as it is so strongly recommended by Dr. Yeldham and others of our colleagues to be given in massive doses, I prescribed a larger dose than I had ever done previously—viz., two grains of the substance every four hours.

November 13th.—The effect of the *Bismuth*, first given yesterday, has been most striking. Instead of seven there have been only two motions in the last twenty-four hours; but though so much less frequent, they remain liquid. I now allow a more liberal diet—chicken, fish, with stale bread, etc.

14th.—For the first time since the commencement of the illness there were masses of solid faecal matter mixed with the evacuations, of which there had been three in the twenty-four hours. I continued the *Bismuth* for a few days, but all tendency to diarrhoea had ceased when I saw my patient on the 16th ultimo, although the convalescence has been slow, owing to her having a weak heart, and being in her eighty-first year. By the bye, there is a writer (W. F.) referred to by the late Dr. Ruddock in his "Text Book," who states that he recollects no recent cases of dysentery which have not yielded in two days to *Merc.-Cor.* and *Colocynth 3x*, and adds, "Recollect no failures!" It is clear, at all events, that he has had no cases complicated like mine with ulceration of the bowels. The above mention of Dr. Yeldham reminds me that in 1871 I attended with him at Lewisham an obstinate case of gastrodynia, which rapidly improved under *Bismuth*, given in several grain-doses of the crude substance.

I will now just refer to a case of my own, cured by the third centesimal dilution of this valuable but somewhat neglected medicine, which was published *in extenso* in the twenty-fifth volume of the *British Journal of Homoeopathy*. As there are very few cases on record, I am rather surprised that Dr. Hughes has not referred to it in his valuable Lectures on Pharmacodynamics. It occurred many years ago, when I was resident at Sheffield.

Case 7.—Gastrodynia cured by *Bismuth*. The patient was a boatman of temperate habits, but a great smoker, which he discontinued by my advice.

He got *Nux Vomica*, *Belladonna*, *Arsenicum*, *Colocynth*, *Carbo Vegetabilis*, and *Phosphorus*. The *Phosphorus* relieved him, but he suffered a relapse in a few days, and he continued to get worse for six weeks, in spite of *Aconite*,

Arsenicum, *Merc.-Sol.*, *Merc.-Cor.*, and *Nux Vomica*. The pain now was constant, though increased after meals.

I now prescribed *Bismuth 3*, which completely and rapidly cured him, and he had no relapse during the six months that I remained at Sheffield.

South View House, West Cliff, Ramsgate,
Dec. 14, 1883.

A NEW METHOD OF DIAGNOSING CANCER.

IN the *Journal de Médecine*, of Brussels, Dr. W. Romme-laere publishes a series of clinical observations illustrating a new fact in the pathology of cancer. He finds (in thirty-four cases) that in persons subject to cancer, the amount of urea daily eliminated progressively diminishes until it is below twelve grammes. By studying the urea eliminated in cases, for example, where doubt exists between gastric ulcer and cancer, a diagnosis can be made. In twelve cases of gastric ulcer the daily urea elimination was about twenty-five grammes.

POISONING BY BRYONIA DIOICA.

ABOUT six weeks ago I was hastily summoned two miles into the country to see a child, aged four years, supposed to be suffering from eating some red berries given by children while at play. From the description given by one of the children I came to the conclusion that the child had eaten berries of the red bryony. On examination I found the child apparently in great pain in the abdomen, very thirsty, hot, and excited. With some difficulty I administered one scruple of powdered *Ipecacuanha*, with ten grains of *Sulphate of Zinc*, in warm water. In due course this produced copious vomiting, together with a free action on the bowels. I waited about twenty minutes, and as no further vomiting occurred, and the pain in the abdomen continued, I repeated the emetic. This excited the vomiting again. The first vomit contained portions of about a dozen berries, the second about half that number; and one or two injections in the course of the night simply contained fluid coloured with the juice of the berry. The child was put to bed with a warm poultice over the abdomen, and some senna tea administered,

which operated freely, bringing away several skins of the berries. On the following day the pain had ceased, but the temperature in the axilla was 103°. A saline mixture was given, and for the next three days the temperature kept up, but, after that time, gradually subsided, and the little fellow recovered his normal state of health. On first seeing this case the pulse was very feeble, but, after the vomiting, it increased in power wonderfully.—S. B. Mason, M.R.C.P.E., etc., in "British Medical Journal."

ON COTOIN AND PARACOTOIN.

IN a careful and elaborate study on the action of *Cotoin* and *Paracotoin*, Professor Albertoni comes to the conclusion that, unlike any other known drug, they produce an active dilatation of the abdominal vessels. This active dilatation is caused by no other substance, the action of *Cotoin* being unique. Salvioli has shown *Opium* increases the blood-supply of the intestine, and Mosso that *Chloral* has the same effect on the kidneys. But the dilatation caused by *Chloral* and *Opium* is not active, but rather paralytic, depending on paralysis of the vessels. *Chloral* and *Opium* diminish the blood-pressure. That *Cotoin* should cause active dilatation of the abdominal vessels only, and have no influence on others, is in accord with what we know of the influence of other substances. Mosso has drawn attention to this subject; and the author has shown (*Lo Sperimentale*, 1881) that *Atropine*, in certain doses, while it causes dilatation of the peripheral vessels, induces contraction of the cerebral vessels, and that both these actions are contrary and independent. *Cotoin* is indicated in the diarrhœa which often occurs in the various forms of mental alienation. It is certain that in the diarrhœa of the insane defective absorption plays a notable part. In simple chronic intestinal catarrh, in the diarrhœa of wasting and cachexia, and in atonic diarrhœa, *Cotoin* gives the best results. In the intestinal catarrh of drunkards, and that accompanying hepatic cirrhosis, it has not proved efficacious. In the diarrhœa of phthisis it is very valuable, but not if there be ulceration of the intestines. It is very useful, also, in the diarrhœa complicating pellagra; this diarrhœa certainly depends on rheumatism of the intestine, which is often found much atrophied in *post-mortem* examination. In the diarrhœa of

teething children it is of great service. In cases of ulceration of the intestine, and where there exists a hyperæmic condition of the intestine with liability to hæmorrhage, it is contra-indicated. The author recommends large doses, 15 to 20 centigrammes (2·3 to 3 grains). These doses are well borne, and cause no unpleasant symptoms. It may be given in a wafer, or suspended in mucilage, which is best if the stools be frequent, as absorption is easier. His formula is—*Cotoin*, 40 centigrammes (6½ grains); *Bicarbonate of Soda*, 1 gramme (15·4 grains); water, 100 grammes; *Glycerine*, 20 grammes. The solution, which is made by heat, is not perfect; the bottle must therefore be shaken before the dose is poured out. He also gives it with *Bismuth* in mucilage. It is very useful in the night-sweats of phthisis. In dysentery it has not proved efficacious. *Paracoto Bark* and *Paracotoin* have the same physiological and therapeutical effects as *Coto Bark*, but their action is less active. *Cotoin* has no influence on the peristaltic action of the intestine, nor has it any direct astringent effect; its antiseptic and antimycotic properties are very feeble; it does not prevent the decomposition of the urine, for example. It possesses a special action on the intestinal epithelium, stimulating its nutrition by its power of causing active dilatation of the abdominal vessels. When the function of the epithelium is disturbed, absorption is impeded, and food, etc., remains in the intestine only to be expelled by diarrhœa. In intestinal catarrh epithelium is thrown off in great quantity; the denuded mucous membrane allows matter from the blood to pass as through a filter. *Cotoin* does not cure all cases of diarrhœa, and is clearly not always indicated; but if the *rationale* of its action be borne in mind, and it be only given in suitable cases, it is a most valuable remedy in the treatment of diarrhœa.—*Medical Record*.

YELLOW FEVER FUNGUS.—Dr. Domingo Freire, of Rio Janeiro, the discoverer of the yellow fever fungus *cryptococcus xanthogenicus*, has made the experiment of transferring this fungus into the system of animals by injection, and has obtained satisfactory confirmation of his theory. The inoculated animals, after a very short time, showed all the symptoms of yellow fever, and on dissection their blood was found to be full of the germs of *cryptococcus xanthogenicus*.—*Daily News*, October 2, 1883.

INSANITY.

By ONE WHO HAS BEEN INSANE.

PERHAPS if some of our most celebrated experts in cases of insanity had been, for a while at least, insane themselves, it would have been to the advantage of science. Of some diseases, like malarial fever or small-pox, a physician can doubtless give a better idea than the patient who has suffered from them; because these diseases being distinctly physical, the symptoms furnished by the body are generally sufficient data for an accurate diagnosis. But insanity may be said to possess more of a psychological than a physiological character. The brain, being the organ through which the mind communicates with the outside world, cannot, if it becomes disordered or diseased, give or receive any trustworthy intelligence. Only the patient himself can know his condition, and he only so far as he can subsequently recall his experiences. Sometimes his recollections are confused and worthless, and at other times they are remarkably vivid. I have been undoubtedly insane twice, the delusions on each occasion continuing for the space of three or four weeks. These attacks occurred several years ago, and were about six or seven months apart. I propose in this article to allude to so much of my experience during the two periods as may throw some little light upon a subject that has always been as interesting as it is obscure, and that has occupied the attention of some of the ablest intellects in this country and in Europe.

In consequence of overwork, excitement, and mental anxiety, my nervous system had become almost totally prostrated, and I suddenly, and without warning, lost my reason. Neither my friends nor myself had received any such intimations as led us to apprehend a calamity of that kind. So far as we knew, there had never been any insanity among my ancestors or relatives. During the trial of Guiteau, it may be remembered, the question was raised, to what extent insanity could be regarded as hereditary. A distinction without a difference was drawn between inheriting insanity and inheriting a tendency to become insane. Few persons, perhaps, are born insane; and few are born with consumption. A man whose ancestors have been drunkards is not born an inebriate. But nobody believes it would be safe for him to tamper with intoxicating liquors, because, in all probability, he has inherited a predisposition to inebriety.

And, if one's ancestors have been consumptives, the disease that affected their lungs would, under favourable circumstances, be more apt to affect his than those of one whose ancestors had never had consumption. If a man had an uncle, or an aunt, or a brother who had suffered from that disease, it would seem to indicate that it was "in the blood." And so in the same way as regards insanity. It would not be correct, of course, to say that a person inherited insanity from an uncle or a brother. But the fact that the uncle or the brother had been insane would show that the disease was in the family—in the blood; and one, in such a case, would have good reason to be apprehensive lest he himself might have inherited a predisposition to become insane from the same source whence his relatives had derived their tendency.

The first that I remember of my attack was while I was riding in a railroad car. It seemed to me that the passengers in the forward part were getting up amateur theatricals. The fact that this did not surprise me, nor appear at all out of place, illustrates one curious feature of insanity, and that is, its close similarity in many respects to *dreaming*. It is well known that the strange phantasmagoria attendant upon most of our dreams never strikes us at the time as at all astonishing, illogical, or contradictory, because the critical faculty in sleep is partially and perhaps wholly dormant. And so also is it in insanity. And as a sound or a touch will suggest or give direction to an ordinary dream, so everything that occurs within the sight or hearing of an insane man affects him in like manner. Also, he has no more control over his words and actions, when the insanity is complete, than a somnambulist. And when a patient comes to himself, after having been insane, he feels as though he had been having a long and, sometimes, a very unpleasant dream. Some of my delusions were of a frightful character, and resembled a nightmare more than anything else; but more often they were by no means disagreeable. Of course, it seemed strange to me afterwards that I could have been carried away by such absurdities. At one time I thought that the end of the world had come, and that the day of judgment was at hand. This was somewhat remarkable, because I had not for years been a believer in the Scriptural prophecies relating to those two events. Nor had I any faith in the doctrine that there is a hell of fire; yet, in imagination, I visited that place of torment, and witnessed the tortures of the damned—without, however, getting

scorched myself. Some strange conceits that I had come across in books occasionally suggested material for my mind to work on. I saw men whose souls I believed had been taken from their bodies, leaving behind the intelligent personal identity—an idea suggested by a character described in Bulwer's "Strange Story." Again, I thought that demons occasionally reanimated human bodies after death; and this fancy I must have got from a dramatic work by Bishop Coxe, entitled "Saul," in which the evil spirit sent to trouble that unfortunate monarch reanimated and took possession of the body of a priest whom Saul had slain. I mention these instances as serving to show the dreamlike character of insanity.

I was confined in an asylum, and during the first part of the time I thought I was unjustly imprisoned, I knew not why, and that my friends were not far off, doing all they could to liberate me. I could hear them, as I thought, talking to me from some place not far distant. Many insane patients with whom I have conversed while they and I were convalescing have told me that they also had heard similar voices and been deceived much in the same way. This is called "false-hearing." Since my recovery I have had several attacks of it, but not to such an extent as to create any delusion. Sometimes after a day's hard work, or after reading or writing too long, I have heard voices that sounded as though they were outdoors, or in an adjoining room, or in the air. I have experimented with them for the purpose of finding out if possible how the brain is affected to produce them. They have led me to believe that there is a great deal more "unconscious cerebration" going on in every man's brain than any one is aware of. While listening to these voices, and conscious all the while of the fact that they were purely imaginary, I have heard remarks that astonished me. What was this but the mind surprising itself by its own communications? I have heard long conversations at such times, and when, for the sake of experiment, I have for the moment treated them as realities, I have received replies that staggered me for the time being, and almost led me to believe some intelligent being was talking to me. There can be no doubt that there have been many people who, without knowing it, have been victims of false hearing, and have honestly thought they were hearing the voices of their disembodied friends, while in fact they were being deceived by an unconscious mental action going on in a disordered brain.

The question, "What is insanity?" will probably never be fully and satisfactorily answered; and one reason for this may be because there are so many different kinds. One kind makes the patient lively and hopeful: he believes himself a king, or immensely wealthy; and he is full of the wildest projects. Another kind of insanity is directly the reverse in its characteristics; it is called melancholia, and often sinks the patient in the depths of despair. Then there is softening of the brain, that ends in dementia, or total absence of intelligence, so that the patient does not know enough to eat or drink, although his body may be apparently in a healthy condition. But, generally speaking, insanity may be said to be a state of delusion in which the mental faculties, to which it would be necessary to appeal in order to dispel the delusion, are so paralysed or diseased that they cannot be exercised. A few years ago, during the trial of an insane man in Chicago, it was asked whether there could be, strictly speaking, such a condition as partial insanity; that is, whether a man could be perfectly sane and responsible as regards all subjects except one or two. A very celebrated physician endeavoured to maintain that it was impossible, because, he said, if one part of the brain was diseased, the whole organ, being in sympathy with that part, would be diseased also. It seems to me that, practically, this physician was mistaken. If the brain is the organ of the mind, there seems no reason why, notwithstanding one portion of that organ may be in an abnormal state, the other parts may not perform their functions well enough. I have certainly seen insane men whose opinions in reference to certain subjects it would be safer to trust than those of some men that have never been suspected of insanity. The question of responsibility is, of course, what gives insanity, from a legal view-point, its chief interest. It is certainly a mistaken idea that no insane person is responsible. It does not obtain in the asylums at any rate; for discipline is very often maintained there by a system of rewards and punishments. If a patient misbehaves, he is informed that a repetition of his offence will put him back in some ward where his surroundings will not be so pleasant. This threat is seldom without avail, especially if the patient has once already had an experience of the penalty. This would seem to show that he knows good from evil, and has self-control enough to restrain himself from wrong-doing. There are some insane patients, though, of course, that have passed beyond the possibility of all self-control. It is plainly im-

possible to furnish any general rule by which to decide when a man is responsible and when not.

Insanity does not change a person's character so much as is usually believed. A distinguished English physician has said that, if there be anything in this world that is immutable, it is character. We meet with illustrations of the truth of this assertion almost every day. "Conversion" is believed by many excellent church-people to work a complete change for the better in a man's moral nature. But has any one ever seen a mean, close-fisted, narrow-minded man become, in consequence of conversion, liberal and generous? I trow not; and so even insanity seldom alters a man's nature much. For instance, the insane man may imagine people are plotting to kill him; he fancies he hears threats, and thinks he sees motions to carry them into execution. Now, if he be naturally a timid man, and a non-combatant, he will run, and try to escape; but if he is courageous by nature, and inclined to fight, he will act just as he would were all the circumstances really just as his disordered imagination pictures them. Compare the number of murders committed by insane men with those committed by men under the influence of alcohol, and the latter, in proportion, will be found to be greatly in excess. For my own part, I would sooner trust my life with an insane man than with one whose brain has been inflamed by over-indulgence in the liquors sold in the saloons and grog-shops. Before a person becomes insane there are two symptoms that almost invariably manifest themselves, insomnia and constipation. All the testimony I have been able to collect upon the subject goes to show this; and I have made very extensive inquiries. There has never been a single case brought to my notice where the patient's mind was much drawn to any one subject that it did not, to a greater or less extent, prevent his sleeping, and always enough to excite the attention of those about him. For my own part, although I believed Guiteau to be a "cranky" individual, of very peculiar mental characteristics, I never thought him in a sufficiently abnormal condition to be called insane, and principally for this reason, that with all the intensity of his purpose to shoot President Garfield, and notwithstanding the "pressure" he alleged that he felt upon his mind, he was never known to lose a night's rest. He himself said that he always slept well. Now, an insane man, in the condition which Guiteau wished to make the world believe he was, would not have slept well.

He would have been up and down in his room all night, and would have been a nuisance to any one trying to sleep in an adjoining apartment. Nor did Guiteau suffer from constipation. The absence of either of these symptoms would have been sufficient to occasion distrust as to his insanity; but the lack of both, to my mind at least, furnished conclusive evidence that he was a responsible man.

Before concluding this article, I wish to say a few words in behalf of a certain class of insane patients that, perhaps more than any others, deserve the sympathies of the public.

When I was convalescent, in the asylum, I attended an evening card-party, given in one of the pleasantest wards, for the amusement of those patients that were well enough to appreciate and enjoy such an occasion. I met a lady, a patient, who had been in the asylum three years. Although I could see that she was somewhat flighty, yet in all other respects she was quite an intelligent person. She told me that she had left at home her daughter, an only child, about fourteen years old, whom she had not seen in all that time. This lady's husband had virtually put her in prison, and had never taken the pains to call on her himself oftener than once a year, and had never allowed her daughter to visit her. Tears stood in the poor woman's eyes as she told me these things, and I had no reason to believe that she was deceiving either herself or me; and, upon inquiry, I found that her case was not an exceptional one. There are mothers confined in all our asylums, as there were in the institution where I was, who, while they are insane enough to warrant their being put under restraint, are yet sufficiently intelligent to be sensible of their condition, and, like the lady I have alluded to, be overwhelmed by the thought that they are in a hopelessly helpless condition, and may be kept imprisoned thus for years, or even for life, away from their kindred and friends, and from the little ones for whom their hearts yearn with an intensity that no human being can appreciate, except some mother that has lost a child. This lady said she had known such patients, when talking about the little children from whom they had been separated, to sob and moan for hours at a time. But the law is inexorable. It says that a husband may confine his wife in an asylum if he can prove that she is insane,—and that is a very comprehensive word. In some States the certificates of two physicians will accomplish this purpose; and, when once a patient is shut up in a ward, there is no deliverance that can be

depended upon, as I shall presently proceed to show. But not only do the women suffer in this way, for there are men whose affections are as keen and as strong as those of any woman, who long to be with their boys and girls, to see them growing to manhood and womanhood, but who know neither the day nor the hour when that longing shall be gratified.

In some of our asylums, if not in all, there is a disinclination on the part of the superintendent to take the responsibility of discharging a patient, even when cured. One superintendent explained it to me in this way. "There is," he said, "no certain way of knowing whether a patient is thoroughly cured. Now, if I discharge one such while his friends do not wish him to be sent away, and he subsequently becomes insane again, I am held responsible, and it tells against my reputation, and in some cases I may be obliged to pay the expense of getting the patient back again into the asylum. For that reason," he continued, "I never like to discharge any one until his friends call for him. I keep them informed of his condition, and leave it to them to decide when they will take him away."

But, some one will say, there is a board of charities, or some such arrangement, by which the asylums are visited and such patients liberated. In most cases such visitors do not visit in the way the public imagines or the law requires. I have yet to learn of a case of deliverance effected by any such board. They go to the asylum, glance through the "crack wards," and then partake of a sumptuous dinner got up for their benefit by the superintendent, and that is all. But as to any careful search and investigation to see whether there are not patients whose conditions might not be improved, or whose sufferings alleviated, I never heard of anything of the sort, nor have I ever talked with any one that had. Now I am not saying that superintendents are cruel, nor that they do not do their duty. I am simply pointing out a system that affords every facility for the perpetration of the grossest and most outrageous injustice; and I leave it to the public to say whether any such system ever existed long anywhere without suffering the perversions which it seemed to invite. Some way should be devised—and a legal enactment would be the best remedy—by which those who confine, or are instrumental in confining, persons that have children should be compelled to see that the children are brought a certain number of times every year to visit the parent thus confined. Again, patients should have greater

freedom in communicating with the outside world. As it is, every letter written by a patient is carefully read by the superintendent or some officer. Now suppose a man is unjustly confined, and that the superintendent is an accessory to this false imprisonment, what opportunity would such an unfortunate prisoner have to obtain his freedom? The superintendent can prevent any letter going out that contains any reflections upon himself or the institution in his care. Should friends wish to see such a patient all the superintendent need do is to say that he cannot permit an interview because the patient is excitable or sick—any such excuse will do. It is always against rules for a patient to address visitors unless they come to see him particularly. But suppose a patient was successful in laying before a stranger a case of injustice—what then? Why, the superintendent can say that the patient did not know what he was talking about; and that would end the matter with ninety-nine people out of a hundred, for every one knows how humiliating it is to appear to be deceived by an insane person.

Let the reader remember that I am not publishing this to bring a railing accusation against asylums or superintendents. While I was confined I was treated like a gentleman, and was shown every consideration by the superintendent and all the officers. I do not believe that in the institution where I was a case of unjust imprisonment could possibly occur while the present superintendent is in charge. What I wish to demonstrate is that the system *invites abuses* by making it so easy for an unprincipled superintendent to act in collusion with an unprincipled outside party, where there are financial or other temptations to deprive some innocent man or woman of his or her personal liberty. It is enough to say there is a writ of *habeas corpus*; but how is an unfortunate person in such a case to inform a lawyer that he wants such a writ issued in his behalf? And does any one believe that, if the Board of Visitors in New York could have been relied upon to do their duty thoroughly, any such outrage as that upon Mr. Silkman could ever have been perpetrated, or that it would have ever been attempted?

The "cottage system" has been spoken of as one means of rendering asylum-life pleasanter. But, although that system is better for the patients, it is not nearly so convenient for the officers; and, as these latter have always more to say on the subject than the patients, it is not likely that

the cottage plan will ever be very extensively adopted. It is much easier to manage an institution where everybody and everything are in one large building than where they are scattered in different houses. Nevertheless, if patients could have more outdoor life—could move about in a flower-garden and breathe the fresh air and bask in the sunshine—more than they possibly can while they are penned up in wards, they would improve mentally and physically more rapidly than they do. I do not know of any more depressing influence within the range of the possibilities than that which settles upon one who has recovered his senses in an asylum and is retained there until he recovers his health. The possibility of recovering one's health surrounded by insane people is what I have always doubted, and why I insisted upon leaving the asylum as soon as I did; and I never look upon such an institution without a heartfelt pang for the many sad and wretched beings I know it must contain; and with this comes the still more horrible thought that there may possibly be among them some who, in all justice and right, should be as free as I myself.—*Popular Science Monthly* (September).

TIN IN "TINNED" FOODS.

TINNED meats, soups, vegetables, and more especially fruits, are all, without exception, contaminated by metals; such is the irresistible conclusion of recent scientific investigation. In 1878, Mr. Albert E. Menke communicated to the *Chemical News* results of analyses of a tin of lobster, one of apples, and another of pineapple; the latter contained tin dissolved in the juice equal to 1.3 grain per pound, the lobster and apples a much smaller quantity. Mr. Hehner, in 1880, communicated to the *Analyst* the results of a prolonged and thorough investigation of the subject. He found tin in tinned French asparagus, American asparagus, peas, tomatoes, peaches, pineapples, white cherries, red cherries, marmalade, corned beef (five different brands), ox-cheek, ox-tongue (three kinds), collard head, tripe, oysters, sardines preserved in oil, salmon, lobsters, shrimps, curried fowl (two kinds), boiled rabbit, boiled mutton, roast chicken, roast turkey, soup, and in three brands of condensed milk. The amount of tin found does not appear large—*e.g.*, in the milk one-tenth of a grain per pound, in one of the soups half a grain per pound,

and in a pound tin of preserved oysters seven-tenths of a grain per pound. On a later research, Mr. Wynter Blyth has found far larger quantities. In a recent report to the Vestry of St. Marylebone, detailing the examination of twenty-three samples of tinned apricots, tomatoes, pineapples, and cranberries, the amounts found calculated as stannous hydrate range from 1.9 grain to 14.3 grains per pound, the mean amount being 5.2 grains. The juice and fruit in some instances had a metallic taste. Several of the tins showed signs of corrosion. The older school of toxicologists, as represented by Orfila, considered pure tin vessels innocuous; if accidents occurred, they were ascribed with confidence to the admixture of lead in the alloy, or to arsenic. The arsenic theory ceased to be held when it was found that arsenic was present in so small a quantity that an adult would have to spend more than forty years drinking and eating from tin vessels before he imbibed a poisonous dose; and even the explanation of lead so often accompanying the tin has not of late been considered sufficient, but the question is of some moment whether tin in itself, present in a soluble form contaminating food, may not act injuriously. All know the toxic action of the chloride of tin on the one hand, and the inactivity of stannic oxide on the other: it is evident that in tinned foods we have to do with neither, but with some form of stannous hydrate. The little that is known of the action of stannous hydrate may be summed up in a few lines. Doses of about .174 gramme per kilogramme of body weight cause in guinea-pigs death with signs of intestinal irritation; but with doses smaller than .17 to .2 gramme the effects are uncertain, and the animals generally recover. Hence supposing man to be affected in the same proportion, he would have to take from three to four drachms, or consume at a meal ten pounds of the most contaminated of Mr. Wynter Blyth's tinned fruits. But it is not a question of immediate lethality, it is rather one for inquiry as to the action of small repeated doses continued for a long time. In the summer season, some families who go yachting, fishing, or travelling in remote parts often carry a considerable supply of "tinned" provisions, and must take, in the aggregate, physiologically active doses of stannous hydrate, possibly producing some slight dyspepsia or intestinal irritation. From time to time, indeed, serious symptoms are witnessed after eating tinned meats; but the exact cause of such illness has never been in any thorough way investigated. It must also be remembered that certain

sugars now in the market contain tin in the proportion of about half a grain to the pound—no very great quantity in itself, but the small fractions of the metal found in this and that article of food in daily use may mount up until an active dose is taken. Physicians and medical men generally will do well to inquire closely into the diet of their patients suffering from obscure gastric affections; and it is hoped that, in the meantime, experiments may be made by competent men on the action of stannous hydrates.—*Medical Times and Gazette.*

THE COCKROACH IN MEDICINE.

It would affect many persons unpleasantly to learn that there was every probability of the cockroach becoming an active agent in medicine. Yet it is used almost universally in Russia as a diuretic in certain diseases, and it is also frequently used in European medical practice as a cure for Bright's disease. The Professor of Materia Medica in Jefferson's College recently stated that cockroaches are not entirely unknown in the medical practice in Philadelphia, though physicians do not care to have it known that they prescribe so unpopular an insect in their practice, and few druggists will acknowledge that they keep it in stock. The professor says that cockroach tea may be used with good effect in certain cases. Its medicinal properties resemble those of cantharides, and when prescribed it is in the shape of a pill, made with the powder of the dried insect. The cockroach is no more offensive than the cantharides, both being of the same class of insect, and the smell is not so objectionable as that of the Spanish fly. A reporter of the *Philadelphia Record* has visited the leading drug stores of that city, inquiring whether powdered cockroaches were kept in stock, when he was informed that they did not sell them, but that a prescription containing the active principle could easily be prepared by drying half a dozen of the insects and powdering them so as to make a pill; or a solution could be prepared by soaking fat female cockroaches in whisky. Several American physicians affirm that it is only a matter of time when cockroaches, or the active principle, will be in as common use in that country as they are in Russia or Central Europe.—*Times*, Feb. 10, 1883.

EPITHELIOMATOUS GROWTHS.

It is reported in the *Zeitschrift für Therapie* that Dr. Manino has treated a case of epithelioma with *Resorcine*, and has obtained the most extraordinary success. Now, as it is probable that this new pharmaceutic product acted in this case principally, if not entirely, by virtue of its "antiseptic" or "disinfectant" property, and as *Salicylic Acid* must be at least twice as powerful in this respect as *Resorcine*, our readers will perceive the importance of Dr. Manino's observation. In fact, it points clearly to the fact that *Salicylic Acid* may prove a cure for cancer if we only know how to apply it properly. Here is Dr. Manino's case:—

G. P., aged sixty-four, had always enjoyed good health until about four years ago, when he noticed a small growth on his right cheek, about the size of a split pea, which caused a great deal of pain. Continued scratching caused an abrasion of the skin, and on the slightest irritation it would bleed. Cauterisation and excision only caused the growth to enlarge to the size of ten centimetres in diameter.

The wound had a dark-red fungoid appearance, with indurated edges, and gave off a profuse thin, watery discharge.

An ointment of *Resorcine* and *Vaseline*, 1—3, was applied twice a day for the space of eight days, when a marked change for the better could be perceived; a portion of the wound was already beginning to heal over.

After two weeks the ointment was weakened a little, and the case continued to progress rapidly. In a short time the whole surface was bridged over, and only a red scar remained. The treatment, we are assured, was painless, and far more satisfactory than when caustics are used.

Those who have followed up the rapid progress which has been made in the bacteria theory of disease, and who have present in their minds the ravages of cancer of every kind and our powerlessness to arrest them, will not fail to appreciate the value of the observation we have just recorded.

P.S.—We had scarcely finished writing the above paragraph when we found that our conjectures with regard to *Salicylic Acid* were not only legitimate but had actually been realised in one of the London Hospitals, so that the beneficial application of this acid to epitheliomatous growths appears to be now an established fact. This is saying a great deal, but our readers shall judge for themselves:—During a consultation at St. Bartholomew's Hospital, a few

weeks ago, upon an interesting case of rapidly-growing epitheliomatous vegetations springing from the floor of a rodent ulcer, Mr. Thomas Smith advised Mr. Howard Marsh, under whose care the patient was, to use a saturated aqueous solution of *Salicylic Acid* as a local application. Mr. Smith said that some time ago he had been induced to make use of this remedy in the treatment of simple papillomata, and the result had been so favourable that he was led to apply *Salicylic Acid* to epitheliomatous cases also. The first case, which had now (10th November) been under observation for some time, was entirely successful, the epitheliomatous growths having been destroyed in two to three weeks. No one can say what extensive benefits may ensue from these simple observations.—*Journal of Medicine*, December, 1883.

ON ABRUS PRECATORIUS.

PROFESSOR C. J. H. WARDEN (*Indian Medical Gazette*, December, 1882) has investigated the poisonous properties of the seeds of this, the rati plant, which is much used in India in the destruction of cattle. For this purpose the seeds, which are almost inert when introduced into the stomach, are pounded, moistened with a liquid, and shaped into needles—"suis"—and, when dry, forced beneath the skin of cattle. The "Chamar," or skinner caste, appear to be the only class who adopt this mode of poisoning, and their object is to obtain the skins. Unless suspicion be aroused, and the skin of the animal very carefully inspected, the minute puncture caused by the spike is likely to escape detection. The *Abrus precatorius* belongs to the natural order leguminosæ, and is familiarly known as the Indian liquorice plant. The seeds are used as an external application in ophthalmia, and also for hæmorrhoids. When used subcutaneously, as in suis poisoning, there ensue considerable local tumefaction of the part to which the poison is applied, a lethargic condition of the animal, staggering gait, and death. Occasionally suis wounds have proved fatal in the human subject. Professor Warden has obtained from the rati seeds two principles—a proteid body having properties analogous to those of emulsion, and a leguminous matter like amygdalin. A temperature of 100° C. destroys the activity of the seeds, apparently by coagulating the proteid

body, in the same way as boiling water, when added to a mixture of emulsion and amygdalin, prevents the formation of hydrocyanic acid, by coagulating the emulsion. The proteid and leguminous matter present in the rati seeds, when introduced beneath the tissues, probably give rise to certain products, the result of a quasi-fermentative action, inducing changes in the blood incompatible with life.

WARTS ON THE HANDS.

A FRENCH physician, Dr. Fonsagrives, recommends as a cure for warts small doses of *Magnesia* continued for a length of time. Lambert was the first to make known this effect; he noticed in a patient whom he was treating for gastralgia, and to whom he prescribed *Magnesia* in small consecutive doses, that numerous confluent warts which covered his hands disappeared entirely. Dr. Fonsagrives quotes several similar cases, and Dr. Guenot, in the *Bulletin de Thérapeutique*, refers to the case of a young man who had numerous warts, and was cured of them in one month by taking $1\frac{1}{2}$ grains of *Magnesia* every day. It is believed that *Seidlitz-Chanteaud* may possibly act in the same manner.—*Journal of Medicine*, December, 1883.

COPPER AND CHOLERA.

THE doctrine of the protective influence of copper against epidemics of cholera, typhoid fever, and other zymotic diseases, recently revived by Dr. Burq, received a severe blow at the meeting of the French Academy of Medicine this week. M. Bailly, who practises medicine at Chambly, in the Department of Oise, in the midst of a number of works where copper is manipulated, read a communication on the subject, in which he stated that after ample experience of patients presenting unquestionable symptoms of cupric impregnation, he had found that such patients were not in any way proof against the class of diseases in question. On the contrary, in 1866 cholera committed deplorable ravages amongst those who, according to the doctrine, ought unquestionably to have been preserved from its attacks. A commission of the Academy has been appointed to examine the allegations of MM. Burq and Bailly.—*Manchester Guardian*.

CLINICAL CASES, ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMEOPATHY.

By E. W. BERRIDGE, M.D.

CASE 6.—*Gelsemium in Heart Disease*.—1881, November 10. —Miss E. B., æt. 30. Since age of seventeen has had heart attacks brought on by any mental excitement or bodily fatigue, and especially by any depressing emotion. The first symptom is a throbbing pain at heart going through to back; afterwards a tight pain there extending to left axilla, with stiffness in left arm and pain in left axilla on moving left arm; this last symptom generally continues a few days. When the attacks come on the heart feels as if it would stop, with suffocative feeling so that she cannot lie down; she feels then as if she must walk continually till tired out, which relieves the dyspnœa and heart pains; she feels as if the heart would stop if she did not move about. There is also palpitation and throbbing all over her, which walking relieves. The attack ends in liquid vomiting and diarrhœa. If she can cry she feels better. She has had four attacks in the last four weeks; very little excitement, even recitation, brings them on now. Usually has a second slighter attack the day following the first. During the attacks, the back of left hand and tops of left fingers turn purple in streaks. For the last five years has always had an attack after the autumn examination at her school; this has been worse since her mother's death, three years ago. She has been under the treatment of an allopath, and also of two *pseudo*-homeopaths, one of whom gave her *Laudanum*, but without benefit. Thus is Homeopathy discredited and disgraced in the eyes of the allopaths by its *pretended* adherents.

Diagnosis of the Remedy.—In Dr. E. M. Hale's *Therapeutics of the New Remedies*, fifth edition, p. 317, a new symptom¹ of *Gelsemium* is given from a case of dangerous poisoning; "a feeling as if the heart would stop beating if she did not move about;" clinical verification of which has appeared in an American journal. No other remedy is as yet known to possess this symptom. In addition to this keynote, *Gelsem.* also has characteristically "aggravation from excitement or from depressing emotions." It has also

¹ The symptom was published here subsequent to the publication of Allen's Encyclopædia, Vol. IV., and hence could not be incorporated; but in the second edition of Hale (1867) there are several symptoms of *Gels.* which seem to be omitted by Allen.

the *similar* symptoms "throbbing of the pulse through the whole body;" "shocks at the heart with heavy breathing;" "stinging through left lower side of chest into left scapula, at the same time irregular beating of the heart, with dyspnœa." Therefore, though all the symptoms are not as yet given in the pathogenesis of *Gelsem.*, which is not fully proved, I decided on this remedy as the *simillimum*; and at 2 p.m. (the feeling of suffocation and stoppage of heart which had prevented her from lying down in the night having now passed off) I gave her *Gelsem.* 200 in water every three hours.

November 11.—Soon after the first dose she felt quieter and slept. In about four hours after first dose the throbbing all over body ceased, and she felt better. Slept well. To-day she feels much better; no throbbing, sickness, or diarrhœa, but the tight pain still remains. The usual second attack has not come on. *Gelsem.* Cm (Swan) night and morning for six days.

1882, June 24.—Has had many excitements since last report, but has had no attack except in February, and this was so much less severe that she did not apply for treatment. She has remained quite well ever since till the last fortnight, previous to which she had been studying for a Scripture examination at her school: this has brought on, for the last fortnight, the premonitory symptoms of an attack—viz., loss of appetite, nausea, a little diarrhœa varied with costiveness, slight pain in heart at times, suffocative feeling at times, increased by any one coming near her, feeling that she must walk about else something would happen. But she is not so bad now as she used to be, and has been much more free from attacks since taking the medicine. *Gelsem.* 1m (F.C.) three times a day.

June 26.—Took two doses on 24th. On 25th woke at 3 a.m. with palpitation, nausea, sickness, coldness and shivering, but no dyspnœa, and the palpitation was only slight; the attack lasted about four hours. Took another dose at 6.30 a.m., and about 7 a.m. fell asleep. In this attack there was no diarrhœa nor feeling of stoppage of heart, only a little tight pain in heart and stiffness in left arm, which remains stiff to-day. The symptoms which she has had for the last two weeks have generally led to a very bad attack, but this was much less severe than usual.

Gelsem. 1m (F.C.) night and morning for four days.

June 30.—Improved decidedly on 27th, losing the tiredness and pain in arm. Feels very well.

Gelsem. 1m (F.C.) twice a day for seven days.

July 22.—Reports that she took two doses daily for five days; then two on July 8th, and two to-day. No return of heart symptoms.

August 26.—The autumn examination, which she always dreads, is coming on next week. Feels restless day and night; must walk out to get rid of thoughts of the examination; her sleep is disturbed by these thoughts. A little palpitation to-day, and a little suffocative feeling at the close of the day's tuition.

Gelsem. 1m (F.C.) three times a day for six days.

October 18.—Went through the school examination without an attack, and has had none since, though she recited last evening. I gave her *Gelsem.* MM (Fincke) to take only if needed.

1883, January 10.—Writes that her sister was married on December 23rd, which had necessitated two or three days of unusual labour and anxiety, and she had also been anxious about the school recitations. The result was that the great mental excitement caused a sleepless night, followed by feeling of great exhaustion on rising next morning (23rd), together with nausea and aversion to food. She made an effort to shake the feeling off, but it returned continually during the day till 3 p.m., when (the excitement being over) it returned with vomiting of frothy water, numbness in hands and feet, great restlessness, could neither sit nor lie down, dread of becoming unconscious, and felt she would faint if she lay down; did not feel inclined to cry. She mixed the powder of MM in water and took a dose at 3.30 p.m.; in half an hour she was able to sit still, though the numbness continued. After second dose, at 5.30 p.m., was able to take a little nourishment and to lie down. After third dose, at 7.30 p.m., the numbness went off, but the nausea and aversion to food lasted till December 28.

March.—At the end of last month took a dose of the last potency for a threatened attack, which was thereby averted.

October.—Has gone through the school examination, and has been also previously exposed to much worry, but has had no attack.

Comments.—(1) Here again we see illustrated the value of keynotes or characteristic symptoms. The sensation as if the heart would stop except when moving about belongs

only to *Gelsemium*. This alone would not necessarily have been a sufficient indication. Had all the other symptoms been of a vague and general character, then indeed this keynote alone would have decided the selection, as such general symptoms are common to nearly every well-proved remedy, and hence have little or no diagnostic value in therapeutics, whatever they may have in pathology. In the present case, however, there were other characteristic symptoms not as yet found under *Gelsemium*. But on examining these symptoms they were found to belong to several medicines, and were hence less characteristic than the above-named heart symptom, which belonged only to one. This, added to the fact that *Gelsem.* did fairly correspond to many of the other symptoms, and especially to the "aggravation from depressing emotions or excitement," decided the choice.

(2) Here, again, we find the value of analogy. *Gelsem.* has not as yet produced any heart symptoms aggravated by any mental disturbance; but it has produced "diarrhœa, renewed by exciting news," which symptom has been verified and developed clinically into "diarrhœa from sudden depressing emotions, fright, grief, bad news, excitement" (see Bell's *Repertory*). The above case shows that these conditions have a still wider sphere, which may yet be extended even further. It should never be forgotten that a condition is by no means necessarily confined to the special symptom to which it is conjoined in the provings; it may equally belong to other symptoms of the same organ, or to similar symptoms in other organs, or it may even be nearly, if not quite, universal. Hence the need of carefully observed and verified clinical symptoms to fill up the gaps in the pathogenesis of our medicines, and at the same time a collective arrangement of the same both in our *Materia Medica* and our *Repertories*, such as is given in Hering's *Guiding Symptoms* and C. Lippe's *Repertory*.

(3) Clinical cases frequently show that the remedy has cured symptoms not as yet found in the provings. These cured symptoms are often of great value, but they require verification before they can be fully accepted. It is possible that the remedy may be capable of producing these very symptoms, and so has removed them by a true homœopathic action; but, on the other hand, it is possible that the chain having been broken by the direct action of the remedy on those symptoms to which it is homœopathic, the other

symptoms may disappear of themselves by the unaided efforts of the now liberated vital process of the organism. Such clinical symptoms, before they can be implicitly relied on, must be cured on several occasions and in different combinations. The relief from weeping noticed in the above case is a new and important symptom which requires further verification. It is also found under *Dig.*, *Graph.*, *Ignat.*, *Lycop.*, *Phosph.*

(4) The repetition of the dose is also illustrated in this case. Some cases, chronic or acute, may be cured by a single dose; others require a repetition of the dose at longer or shorter intervals. The cases which require a repetition are—first, those to which no absolutely perfect *simillimum* can be found; and, secondly, those in which disturbing external conditions are continually tending to keep up the disease. In these cases the full action of the medicine is thwarted—first, by the existence of collateral symptoms to which it is not fully adapted; and, secondly, by the persistence of the exciting cause.

(5) The question of potency (quite distinct from that of the dose, though often confounded with it) also is elucidated here. There are some who deny all action in the higher potencies; what can they say to such a case as this? Can they seriously insinuate that it was only a natural recovery, when the patient had suffered for thirteen years, and was getting worse?

Pseudo-homœopaths, in order to justify their departures from Homœopathy, are continually prating that HAHNE-MANN gives us no rules for the selection of the potency and the dose; but had they read his great work, the *Organon*, and its continuation, the *Chronic Diseases*, they would have known that not only does he describe how the action of a remedy is often interrupted by the unfavourable surroundings of a patient, but he clearly enunciates this rule—*The more homœopathic the remedy the higher the potency and the smaller the dose.* Hence the degree of dynamisation of the remedies that the physician habitually employs is a good criterion of his accuracy in the selection of the *simillimum*.

THE BACTERIA OR GERM THEORY OF DISEASE OVERTHROWN.

DR. ROLLIN R. GREGG read a paper on "The Bacteria or Germ Theory of Disease Overthrown." Dr. Gregg has for years controverted the theory of bacteria, claiming that the so-called bacteria of disease were nothing more than so many forms of fibrine. At the recent meeting of the American Institute of Homœopathy at Niagara Falls it occurred to him to boil and also to rot some blood, and since the 29th of last June he has been engaged upon experiments in that direction, which, though necessarily hurried and incomplete, have resulted in some startling discoveries. All the forms, he said, that the bacterists ever pictured or saw in their bacteria were exactly repeated in boiled blood; and there were many more forms found therein than they had ever mentioned. Rotted blood showed even still more astounding results. It gave far greater numbers of all the forms observed in boiled blood and many more besides. In fact, there was scarcely anything in the way of form from a straight thread to a ring and globe, or that a thread or combination of threads, or of granules, could be put into that are not imitated more or less exactly by fibrine in rotting blood. In short, fibrine appeared to contain most if not all of the formative forces of the organic world. It clearly showed itself to be but one and the first step in organic matter from the principle of life within us, as this force of life was but one and the first step from its Creator. Thus it was that this new knowledge of fibrine must bring us much nearer to the beginnings of all living things than ever before, and, perhaps, it would open up in a new light the whole question of generation in both vegetable and animal life. The attraction of the granules of fibrine for each other and their cohesive power after coming together were among the most remarkable manifestations of those forces that are to be found in all matter. Even repellent powers of no minor degree were shown by the granules under some circumstances. In the germ of every organic thing, fibrine undoubtedly existed. In fact, it was through the fibrine in them that form was given to all germs. Place a germ under the requisite condition for its development, the latent powers of its fibrine were released and set at work. Those released and astonishingly active powers attracted other fibrine and other matter into the substance of the

developing germ until the ultimate being came. Dr. Gregg experimented with bullock's blood, and his results were given at considerable length. In boiled blood all the forms of which bacterists ever pictured appeared, while in unboiled blood but little of those forms appeared. In the specimen boiled it had to be allowed to rot for two or three weeks before all the fibrilæ were broken up into short pieces and granules. In a specimen of rotted blood there were dis-organisations and reorganisations again and again. The fact of fibrine giving up its higher or animal life and taking on a lower or vegetable life under decay brought up the whole question of "cultivation" and "staining" of bacteria. The fibrine appeared to eat up or attract to itself all the rest of the contents of the bottle containing the rotting blood, the blood-corpuscles, fatty matters, albumen, etc., and thereby had the food supplied to enable it to develop all the great variety of forms that it went through. The matter had this to do with disease and the germ theory of its causation. Inflammation and suppuration were always rotting processes, and the blood congested in the inflamed parts was rotted by the suppuration. The fibrine in the blood so congested organised naturally into granules, which join to form fibrilæ, which form bundles or membranes, and, next, suppuration broke it all up in the inverse order, thus giving bacterists all the forms ever seen in diseased products. Not one of these forms was bacteria, he held, but the organising and dis-organising particles of fibrine. It was simply a result and not a cause of disease. And here, too, in these manifold developments of the granules of fibrine was found the long-sought connecting link between vegetable and animal life, and it was not impossible that this might settle the whole question of evolution. Possibly evidences of spontaneous generation or something akin to it might be found. Dr. Gregg acknowledged that he might have made some mistakes in his hurried investigations.

The matter was considered worthy of investigation, and a committee consisting of Dr. Frank, Professor Kellicott, and Dr. Smith was appointed to carry on experiments in the subject. After some discussion the club adjourned.—*Buffalo Express*, Sept. 12, 1883.

SULPHATE OF COPPER.

PROFESSOR MASCHKA (*Vierteljahrsschr. für Gerichtl. Med.*, Band xxxix., p. 55) relates a fatal suicidal case of poisoning by blue vitriol. Death occurred in ten hours. Twopennyworth of the poison was taken. The symptoms were vomiting, watery diarrhœa, cramps, and finally loss of consciousness. Some congestion, and a few ecchymosed patches, were noted on the mucous surface of the stomach.

LITERATURE.

LECTURES ON CHOLERA AND ITS HOMŒOPATHIC TREATMENT.¹

It is a long time since we had the pleasure of welcoming such a sterling addition to our scientific literature as is this important work of our eminent colleague of Calcutta. Homœopathy has won its most glorious laurels in the treatment of Asiatic Cholera, and the statistics in its favour are simply and absolutely overwhelming. But we lacked a systematic treatise on the homœopathic treatment of cholera in its various forms; this want is now supplied by Dr. Salzer in these "Lectures," which we commend very strongly to all practitioners of scientific medicine. India is the home of cholera; it is there endemic, and hence the fittingness of receiving a treatise on cholera from that country.

The following drugs are fairly considered:—Camphor, Hydrocyanic Acid, Chlorodyne, Cyanide of Potassium, Arsenicum Album, Cuprum, Ricinus (a *very* important chapter), Merc.-Cor., Iotropha Ancas, Euphorbia, Veratrum Album, Tartar Emetic, Aconite, Nicotine, Salicylic Acid—*i.e.*, these are considered in their pathogenetic and therapeutic relationships to cholera. In concluding this little notice, we offer our best thanks to our learned author for this important contribution to our standard literature. What beautiful reading is this work, and how refreshing as compared with the sterile lucubrations of the allopathic authorities on this subject.

¹ Lectures on Cholera and its Homœopathic Treatment. By L. Salzer, M.D. Calcutta, 1883.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

BRITISH HOMŒOPATHIC MEDICAL DIRECTORY,
1884.

DEAR SIR,—We are preparing for publication the *British Homœopathic Medical Directory for 1884*, and shall be obliged for any information as to new names or corrections.

We are,

Yours faithfully,

THOMPSON & CAPPER.

4, Lord Street, Liverpool.

THE LATE DR. HILBERS.

SIR,—At a meeting, held at 12, Pavilion Parade, Brighton, on Monday, the 12th instant, present—General Sir Edward Warde, K.C.B., chairman; Dr. Belcher, Mr. George, Dr. Hale, Mr. Harries, Captain James, R.N., Mr. Mayhew, Dr. Metcalfe, Major Newbury, Mr. Holding, Mr. Shapland, Mr. Sykes, Dr. Woodgates.

It was proposed by Captain James, R.N., seconded by Mr. Shapland, and unanimously resolved, “That, in order to carry out the cherished wish of our dear departed friend, Dr. Hilbers, and in the interests of Homœopathy, it is desirable to establish a new dispensary in Brighton, on strictly homœopathic principles, and that Dr. Belcher (he having kindly consented) be hon. sec. *pro tem*.”

And it was also resolved, on the proposition of Mr. Harries, “That a circular soliciting donations and annual subscriptions should be sent to the friends of Homœopathy for the above laudable purpose.”

I have, therefore, much pleasure in appealing for kind assistance, either by donation or annual subscription, to enable the Committee to carry out forthwith the wishes of the late Dr. Hilbers as expressed in his appeal.

HENRY BELCHER, Hon. Sec.

12, Pavilion Parade, Brighton,
November, 1883.

List of donations promised at the meeting :—

Gen. Sir Edward Warde, K.C.B. (Chairman)	£5	5	0
Mr. and Mrs. Harries.....	10	10	0
Dr. Belcher	5	5	0
Major Newbury	5	5	0
Mr. Sykes	5	5	0
Mr. Shapland	5	5	0
Dr. Woodgates	5	5	0
Mr. George	2	2	0
Dr. Hale	2	2	0
Mr. Mayhew	2	2	0
Dr. Metcalfe	2	2	0
Mr. Olding	2	2	0
Capt. James, R.N.....	1	1	0

[A circular has been issued by Dr. Richard Hughes, of Brighton, condemning the above undertaking as worse than useless, and unworthy of support.—Ed. *H. W.*]

MODERN ATTENUATIONS.

DEAR EDITOR,—In his zeal to depreciate the highest attenuations “L.R.C.P.” has committed six “fatal errors.”

(1) He says that they are “calculated to seriously injure Homœopathy, and greatly retard its progress.” I reply that the early pioneers of Homœopathy, who immediately followed HAHNEMANN, established Homœopathy by the use of the very high attenuations of Jenichen, which reached to the 40,000th. I need only mention the names of Bœnninghausen, Gross, Hering, and Channing in proof of this statement. As for the present day, the ever-increasing number of patients whom Dr. Skinner and myself have converted from Allopathy by the wonderful curative effects of those “ultra-high” potencies, *when selected strictly in accordance with HAHNEMANN’S rules, and not otherwise*, is a proof to the contrary.

(2) He says, “Can he [the ultra-high dilutionist] cure more speedily? Published cases do not show this. Occasionally (!) in our journals we read of cases treated by ultra-high potencies with satisfactory results, and, on the other hand, we get details of cases regularly every month, treated by low and medium dilutions, with just as great success.” The journalistic reading of “L.R.C.P.” does not seem to have been very extensive, else he would have known that reports of cures by the highest potencies were far more than “occasional,” and he would also have met with many recorded cases where they cured after the lower potencies had completely failed. Moreover, it is my own experience that it is very rare to find recorded such brilliant cures by the

lower potencies as are constantly occurring from the high ones. But of course if "L.R.C.P." only reads one side of the question he cannot be expected to know this.

(3) He says, "HAHNEMANN never went to such lengths, or rather, heights, and therefore such a method cannot be called 'Hahnemannian.'" *Il va sans dire* that Hahnemann did not use potencies not yet prepared in his time, but even in the fifth edition of his *Organon*, published in 1833, he declares that the best dose for both acute and chronic diseases is always the smallest in one of the high dilutions; that the higher the dilution the more rapid and penetrating is the action, no limit being here fixed, and that the reason why many homœopaths prefer the low dilutions is either because they know no better or because the medicines they prescribe are not perfectly homœopathic. I hope the detractors of the high potencies feel flattered by this left-handed compliment from the Master. Also it has been for some time a matter of history that HAHNEMANN, subsequent to 1833, did use these ultra-high dilutions as far as they were made at that time.

(4) Dr. Skinner is "employing his leisure hours" in potentising all our medicines "to undreamt-of heights," and "L.R.C.P." can get all at present made from Mr. A. Heath, 114, Ebury Street, S.W.

(5) The sneer of "L.R.C.P." about Dr. Swan's proving of *Luna* need not be seriously answered. "There are more things in heaven and earth, Horatio, than are dreamed of in your philosophy," and you have editorially placed the matter on its true basis by saying, "Is it not a question of experimentation rather than of faith?" *Verbum sap.*

(6) "L.R.C.P." says, "We homœopaths must not be condemned in a body for the freaks of a few." I think the boot is on the other foot, and that we true followers of HAHNEMANN should rather insist that we should not be condemned for the eclectic practices of those who unjustifiably assume our name. I do not mean this to apply to "L.R.C.P.," who, for what I know, may follow HAHNEMANN to the best of his present ability, and simply prefer the low and medium dilutions for the reason that HAHNEMANN gives; but when *professed* homœopaths unblushingly assert in a *professed* homœopathic journal that bleeding is sometimes necessary, and in the same journal advocate the use of a patent medicine, it is time that we should cut off from our body such loathsome excrescences.

Yours truly, E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

TO "L.R.C.P." ON MODERN ATTENUATIONS.

DEAR SIR,—I never condescend to argue with laymen on medical subjects, especially in medical journals. I am always ready to afford them every information in my power, but when they think that they are qualified to enter the lists upon an equality, it is time to vacate the arena and let them have it all to themselves. As to "L.R.C.P.," why is he ashamed to give his name? An honest and sincere believer in what he holds to be true ought not to withhold his name. If he is a man of weight or power, his name may go a long way to support his opinions; and if a man of straw, a youth of yesterday, a gosling, his opinion is worth little, and he himself is not worth powder and shot. A L.R.C.P. may be the greatest fool in Christendom, or a perfect dungeon of knowledge, and all between; and judging him by his remarks on "Modern Attenuations," I should like to have a tilt with him or at him. I am not Quixotic enough, however, to attack windmills or windbags, or L.R.C.P.'s; I must know my man. Let "L.R.C.P." raise his vizor and proclaim who he is; then, and not till then, will I tilt with him on one of the most vital points of Homœopathy—a subject which I have worked at night and day since August, 1876, and a subject which is all but a *terra incognita* to "L.R.C.P."

I remain, dear Sir, yours faithfully,
25, Somerset Street, W., THOS. SKINNER, M.D.
Dec. 5, 1883.

LETTER FROM DR. LADE ON SCARLATINA.

SIR,—The enclosed letter appeared in all the daily newspapers of this city of the 27th ult. Should you consider it of sufficient interest, I shall be glad if you will give it a corner in your next issue,

I cannot understand why medical men will not try the treatment I have so long advocated. As to the allopaths, they may possibly decline to have anything to do with it on account of my well-known homœopathic proclivities, but that those who profess to be physicians as well as homœopathic practitioners should persistently ignore it is a mystery to me.

The objections which some of the latter have urged against the treatment are hardly worth a moment's con-

sideration. One man here some little time ago would not allow the acid to be applied to a patient's skin, because he feared the lotion might interfere with the action of the medicine which he was administering in the 200th centesimal dilution! The case was an exceedingly mild one—one that would have recovered without any specific treatment whatever. The patient recovered, but with copious desquamation, and the infection of other members of the family.

Another physician, a fashionable practitioner in the West End of London, said he would not use the acid because he did not believe that desquamation could be prevented!

This gentleman was immediately silenced on his being reminded of his frequent denunciation of medical men who did not, and had no desire to, believe in Homœopathy. While a third doctor told me that he did not think it desirable to interfere with desquamation, which was a natural process!

The evident absurdity of these objections renders it quite unnecessary for me to make any comments upon them.

Now, Mr. Editor, I hope that, whether you print my letters, or consign them to your waste-paper basket, you will sooner or later make some editorial remarks on their subject, or permit me, when I am better in health and have more leisure, to do so.

Yours truly,

GEORGE LADE, M.D.

300, Bath Street, Glasgow,
Dec. 13th, 1883.

SCARLATINA.

Sir,—As I am given to understand that scarlatina is prevailing to a considerable extent in and around Glasgow at the present time, I venture to express the hope that you will permit me to direct the attention of the public and the medical profession to a simple but effective external remedy for limiting the area and danger of contagion from that disease. It is a well-known fact that the skin of patients recovering from scarlatina, and, to a lesser extent, all other exanthematous complaints, peels off in minute scales or large flakes, every microscopic point being the centre of morbid germinal activity, which is often carried far and wide by articles of clothing, by letters, in the air, in water, milk, and other alimentary substances, to commit its ravages

on whomsoever it may happen to come into contact with. Now, for upwards of a dozen years, in consequence, I believe, of employing the remedy I have alluded to, I have met with no case of scarlatina or of measles in which desquamation of the cuticle was observed. My friend Dr. Shuldham, of Putney, and a Dr. Robertson, of America, assure me that they can confirm the results of my experience, the latter gentleman adding that he has used the application with marked benefit in small-pox as well as in the above-mentioned diseases. But I regret to say that although I took steps some years ago to make these facts known through the medical press and by pamphlets, Drs. Shuldham and Robertson are the only physicians, so far as I can learn, who have taken the trouble to test the truth and accuracy of my statements. The remedy and the mode in which I employ it are exceedingly simple. I mix one part of strong acetic acid with four or five parts of hot water, and sponge the whole of the patient with the mixture three or four times a day. After each operation I mop, but never quite dry, the skin with a warm soft towel. The immediate effect of this treatment is a most remarkable reduction in the force and frequency of the pulse, a tranquillisation of the nervous system, and an inclination to sleep, while remotely desquamation of the cuticle is done away with, and the chief source of contagion is destroyed by the solvent and antiseptic application. In conclusion, I have only to add that the remedy must be applied as soon as the nature of the disease is diagnosed, and be continued uninterruptedly until after convalescence is completely established.

Yours truly,

GEORGE LADE, M.D.

300, Bath Street, Glasgow.

LETTER FROM MR. MARCHANT.

DEAR SIR,—I note YOUR reply to my letter *privately* addressed to Dr. Burnett. You say, "This journal has no ecclesiastical bias." Since my letter was addressed to Dr. Burnett in his *private* capacity, and *not* as "Editor," I fail to see how I could have suggested any such conclusion. I should be obliged by your informing me how a "comparison" can be drawn between that which has no existence and a bigoted allopath—who, unfortunately, has an absolute

existence. I should also like to know if it is gentlemanly to draw comparisons at the expense of any one's religious feelings. I suppose Dr. Burnett declines to reply privately to my communication.

I am, dear Sir, faithfully yours,

ALFRED L. MARCHANT.

Hahnemann House, Kingsdown, Bristol,
Dec. 5, 1883.

[We insert this communication for the sake of fair play, but really think our correspondent is quite too sensitive. Mr. Marchant's letter was not marked "Private," and referred to a passage in "Our Duty," which was published in our November issue (*Homœopathic World*, p. 491), and hence we proffered an explanation in the same journal in which the supposedly offensive passage appeared. We repeat, this journal has no ecclesiastical bias.—Ed. *H. W.*]

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

DR. CYRUS A. CLIFTON, Leyton Green, Essex.—We are pleased to learn you have settled at Leyton Green, and cordially wish you every success.

BOOKS AND JOURNALS
RECEIVED.

Chemist and Druggist, Nov., 1883.

Bibliothèque Homœopathique, No. 2.

North American Journal of Homœopathy, Nov., 1883.

Medical Counselor, Nov. 1, 1883.

Revista Homeopática Catalana.

The Medical Tribune, No. 10. Hahnemannian Monthly,

No. 11, Vol. V.

The Medical Advance, Nov., 1883.

New England Medical Gazette, No. 12.

The Guide, December, 1883.

Recollections of a Country Physician. (G. D., M.D.)

Annual Report of the Melbourne Homœopathic Hospital, 1883.

Whitaker's Almanack. 1883.
Bulletin de la Société Médicale Homœopathique de France, Numero 7.

The Medical Era, Vol. I., No. 5.

Allgemeine Homœopatische Zeitung, Bd. 107, Nos. 21, 22, 23, 24.

Revue Homœopathique Belge, No. 7.

Boericke and Tafel's Bulletin, No. 50.

American Observer, No. 234.

United States Medical Investigator, Nos. 16, 17.

Anti-Compulsory Vaccination Reporter, Dec. 1.

Hahnemann: A Homœopathic Monthly Journal in Bengalee.

Dublin Journal of Medical Science, October and November, 1883.

Midland Medical Miscellany, No. 24.

The Herald of Health, December 1, 1883.

Monthly Homœopathic Review, December 1.

Lectures on Cholera and its Homœopathic Treatment, Calcutta. 1883.

Medical Counselor, Nov. 15.

Chemists' and Druggists' Diary. 1884.

The St. Louis Clinical Review, No. 11.

Monthly Magazine of Pharmacy, December.

Revista Homœopatica Catalana, Tomo 1, No. 22.

New York Medical Times.

Journal of Medicine and Dosimetic Therapeutics.

El Criterio Médico, Tomo XXIV., No. 20.

Indian Homœopathic Review, June, 1883.

Therapeutic Gazette, No. 11.
The Journal of Medicine, December.

Homœopathy Procharac.
American Homœopath.

CORRESPONDENTS.

Communications received from Dr. Belcher, Brighton; Dr. Harmar Smith, Ramsgate; Dr. Skinner, London; Cyrus A. Clifton, Esq., M.R.C.S., Leyton Green, Essex; Dr. Berridge, London; Dr. Datta, Calcutta; Dr. Goullon, jun., Weimar; A. L. Marchant, Esq., Bristol; Dr. Fischer, Sydney, New South Wales; Dr. George Lade, Glasgow; Dr. Theobald, Blackheath, S.E.; Dr. Henry Thomas, Llandudno.

The Homœopathic World.

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Yellow Fever.
Methods and Hopes of Experimental Physiology.
Veterinary Cases.
Brief Clinical Notes.
The Climate of Auckland, New Zealand.
A Seventh Sense.
British Medicinal Plants.
Cholera Bacillus.
The Eye of Gambetta.
Case of Chloral Poisoning.
The Pearce Fund.
Dr. Thomas on the Report to the Association for the Advancement of Medicine by Research on the Relation of Micro-organisms to Tuberculosis.
Bird's-eye View of Homœopathy in Great Britain, with Special Reference to the Hostility of the Medical Profession to the System.
The Perfect Tube Cleaner.
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A Remarkable Cure.
Letter from Dr. Moore on the Foregoing.
Letter from "Aunt Sarah."
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SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

TITLE AND INDEX TO VOL. XVIII.

THE
HOMŒOPATHIC WORLD.

FEBRUARY 1, 1884.

EDITORIAL CHAT.

WE were lately running over a number of exchanges, and when we came to the above heading in the *Medical Counselor* we paused. We paused for two reasons: first, we liked the idea of an editorial chat rather than the high-and-mighty thunderings of your infallible Jupiter Quill, and then, secondly, we felt we really should like a little chatty communion with our friend its genial editor, Dr. Arndt, of Grand Rapids.

After having paused, we proceeded to read, and then we liked our friend's pithy utterings so well that we thought to our editorial self, "Well, these are our own sentiments, friend Arndt, only better expressed."

What do our English carping quidnuncs say to this?

Some months ago, a very young and quite promising physician had occasion to write in a kindly way to another medical man concerning the professional ability of a third party, also a member of the profession. After stating the many reasons why the latter gentleman was entitled to the particular regards of the profession, he met in advance a certain objection likely to be raised by stating that he was well aware of the fact that Dr. A. was not known to the profession, and that he had not at any time contributed to our literature anything to indicate his really great ability; but he desired to have it understood that this perfect silence on part of Dr. A., and Dr. A.'s subsequent seclusion from public gaze, was based entirely upon Dr. A.'s utter disgust with the trash published by journals devoted to Homœopathy, and upon his unwillingness to give support to that sort of a thing by, we presume, subscribing to homœopathic journals or contributing to their pages.

Knowing all the parties, and entertaining towards them

E.

pleasant relations, the incident became noteworthy to us only as it exhibited the tendency of many members of our school, and especially our young men, to consider it quite the thing to live the life of a drone so far as their work in the profession is concerned, and to deem themselves justified, and even engaged in praiseworthy occupation, when criticising severely and unjustly the results obtained by the labour of others.

Any statement which reflects marked discredit upon homœopathic journals, as a whole, is based upon ignorance of facts, or is a matter of mere affectation and imitation. There are certain men, some of them well-read, who for special and good reasons enjoy reading a first-class journal devoted to the medicine of the old school; they find in it a line of reading less fully, and perhaps less ably, supplied in the journals of our own school; these men form the nucleus of a small body who are chiefly responsible for the belief vaguely, but tenaciously, entertained in some quarters that an intelligent and ambitious homœopath gains caste at once by acknowledging upon every occasion the vast amount of valuable information he manages to pick from old-school journals, and the contempt excited in him by a dutiful effort to read the periodicals of his own school; if he is politic, he makes these statements semi-confidentially and with a deep sigh of regret.

It would be a thankless task to point out how utterly ridiculous and even contemptible it is for idlers in professional work to pass judgment upon the labours of those who do the best in their power, and who, with all their ignorance (?), have done not a little towards securing for Homœopathy the position it now holds.

Our colleges, hospitals, and dispensaries are not the result of talk or of fault-finding, or of making unfavourable comparison between them and similar institutions of the old school; they are the products of the labours of men who saw the needs of the hour, and who were bound to supply them *as best they could*; they might have "whined" to the day of judgment, and accomplished nothing. The early homœopaths had no text books on "Practice." In 1838, Curie, in England, published his "Practice of Homœopathy," a very modest and even inefficient book of some 350 pp., 8vo, with wide margins and big spaces between the lines; Jacob Jeanes, of Philadelphia, in the same year, published his "Homœopathic Practice of Medicine," containing rather more matter

than the work of Curie. The old homœopaths well knew that the dominant school of that day could boast of extensive and scholarly works on the Practice of Medicine, of works which in pathology and diagnosis were infinitely superior to Curie and Jeanes. Did they ridicule their authors? Did they sneer at them? Did they, again, complain that Croserio's "Homœopathic Manual of Obstetrics" (a small volume of 152 pp. translated from the French, in 1853) was useless by the side of Chailly, Bedford, and other authors on the obstetrics of that day? By no means; they had too much common sense to do so. They encouraged these men; they bought their works, read them, and were not surprised to find in them *something* of value. What has been the result of this piece of wisdom? A permanent literature of which no homœopath in the possession of common sense need feel ashamed.

But what of our journals? Are they really so undeserving the support of intelligent practitioners, because of their low standard of contributions and original work?

Taking into consideration the fact that the dominant school outnumber us vastly, and hence can give abundant support to good journals, we see no reason why we should hesitate to acknowledge that a small number of their periodical publications, backed by a heavy capital and large ability on part of contributors and editors, have reached a plane of excellence which no journal of our school can hope to reach for years to come; but even in the case of these exceptionally strong publications we can truthfully add that not one of them supplies, to any reasonable extent, that which the practitioner of medicine most needs—*i.e.*, intelligent and satisfactory information on therapeutics. Leaving out of consideration this small number of standard periodicals of the dominant school, no man well acquainted with our own journals will admit, for one moment, their inferiority to the old-school periodicals. As a matter of fact, the great bulk of old-school journals are made up of matter which, to the homœopathist, would not possess the slightest measure of merit or interest. Favourite prescriptions by some man not known outside of his own township are mixed up with advertisements of some special preparation offered for sale by an enterprising manufacturer, and, with an occasional testimonial by some practitioner, or an editorial endorsement which forms a part of the advertising contract, constitute the bulk of the journal. Homœopathic journals, as a class, offer to the general practitioner

far greater inducements to subscribe than are contained in the pages of the average old-school journal.

There are men of such great attainments that to them journals can bring no information of value. The number of these men is not large, and a majority of them are not ashamed of holding up the hands of others in their attempts to elevate, by the dissemination of medical information, the standard of professional efficiency.

The profession must realise their duty towards medical journals of their own school. It is easy enough to criticise, but "to do better" is quite another thing. No journal can furnish first-class matter so long as able practitioners are not ashamed of acknowledging their unwillingness to write, as a labour of love, for the sake of the general good. Instead of fault-finding, or of standing aloof, let all put their shoulder to the wheel, and we shall not only soon improve the tone and increase the value of our journals, but will have no difficulty in producing medical journals which we may safely put by the side of the *very best* old-school journal published.

CHENOPODIUM—EFFECTS OF THE OIL.

By ROBERT T. COOPER, M.A., M.D. (Dubl.), Physician, Diseases of Ear,
London Homoeopathic Hospital.

DR. ALFRED NORTH, of Waterbury, Ct., reports two cases of poisoning by the oil of *Chenopodium* in the *American Journal of Otology* for July, 1880, that certainly demand of us the greatest possible attention.

It will be best to give the cases in full:—

Case 1.—Five days previous to my being called James M., age twelve and a half years, was in fair general health, and complained only of that general lassitude and malaise common in spring. The physician who was first summoned, however, diagnosed intestinal worms, and ordered the following mixture, of which a "large overflowing teaspoonful" was given to the patient at about 8 p.m. on May 21, 1880:—

R. Ol. *Chenopodii*, ʒj. ; Ol. *Terebinth*, ʒj. extr. ; *Spigellii*, ʒiij. M. Sig. dose, ʒj.

Three other children in the same family received smaller doses of this same mixture, with results mentioned below.

Saturday, May 22.—Patient was found by the mother in the morning breathing heavily, and with some difficulty

aroused. His gait, when he tried to walk, was extremely unsteady, and without assistance he would have fallen to the ground. There seemed to be partial loss of co-ordination, as he was wholly unable to button his clothes or perform any ordinary complex movement. He complained of severe frontal headache and of loud ringing in the ears. Deafness was very marked, the patient distinguishing what was said to him only when it was spoken in a very loud voice and in close proximity to the ear. He appeared less intelligent than usual. Vision normal. During the day tinnitus aurium and deafness remained, but gait and general co-ordination improved.

Sunday, May 23.—Slept soundly during the night. Headache, with deafness and tinnitus aurium remain the same. More drowsy than on previous day. Gait weak and shuffling, but patient sufficiently strong to walk half a mile and back to see physician, though much prostrated by the exertion.

Monday, 24th.—Slept heavily last night without waking until about 6 a. m. to-day, when he was found wandering aimlessly about the house in his nightclothes. Mind now evidently affected. Weak, feverish, and very drowsy during the day. He has retained scarcely any food on his stomach since Saturday (22nd).

Tuesday, May 25.—All previous symptoms aggravated. Remained *in bed for the first time to-day*. The account so far has been obtained from the mother's recital.

Wednesday, May 26, 7 p.m.—This evening I saw the patient for the first time. I found the patient entirely unconscious, and learned from the mother that he had slept heavily all day. Temperature 100° F., pulse 58, weak and compressible. Respirations normal, breathing not stertorous. Pupils widely dilated, sluggish, responding only faintly to light. Had vomited on taking food during the day.

I ordered *Bromide of Potassium* in fifteen-grain doses every three hours, wet cups to be applied to the temples, hot water and mustard to the feet, which were cold and clammy.

Friday, May 28.—Patient remained much the same until yesterday p.m., when, instead of lying as before in a state of stupor, he began to be very restless. During the night and all to-day he has required persistent watching to keep him in bed. He is now the victim of constant hallucinations, starting up suddenly and calling out to look at imaginary objects, shouting to and pointing at fancied persons passing through the room, answering supposed questions, and

carrying on considerable but incoherent conversations with absent acquaintances. Temperature, 100.5° F., pulse 60. He seems partially to understand questions, and protrudes the tongue slightly after much urging. He is now sufficiently sensible to void urine in bed. Enema given to move bowels, which have not acted since Monday, in spite of an eight-grain dose of *Calomel* and small doses of *Croton Oil*, given at different times.

Sunday, May 30th.—He has shown slow but steady improvement since the 28th, all symptoms abating somewhat in severity. During this time, however, he has slept only after considerable doses of *Morphia*, hypodermically administered; on the 28th and 29th, *Majendie's Sol. m. v.* being given at about 4 p.m., and *m. x.* at 8 p.m. No considerable abatement of the deafness. Noises in the ear continue.

June 1st.—Patient much better, mind clear; appetite fair, no vomiting for three days. Headache has diminished decidedly. Patient sits up in bed, and can walk a little without more difficulty than might be accounted for by mere weakness. Hearing very little better, and complains as much as at any time of ringing in the ears. Slept well last night without morphine.

June 4th.—Patient rapidly growing stronger; deafness slightly less; tinnitus a little diminished. No pain at any time in the ears, nor any change visible on examination.

June 5th.—Patient can just hear the ticking of a rather loud watch when pressed closely against the left ear, and not more than a quarter of an inch from the right. Has a good deal of frontal headache, but no other symptoms save weakness.

Case 2.—On the same evening, viz., May 21st, the sister of the previous patient, aged ten years, received a "good teaspoonful" of the mixture. She had been entirely well up to this time; the mother giving the medicine with no particular reason, apparently, except that she considered that children generally were better for taking something of the sort in the spring. The child was awakened towards morning by extreme nausea followed by profuse vomiting. She fell asleep again in about an hour, and on awakening again at 7 a.m. was still much nauseated. She also suffered from inability to walk and adjust her clothing. Marked deafness. Distressing tinnitus aurium and severe frontal headache. In short, she was afflicted with all the symptoms which

characterised Case 1 up to the stage of stupor, only in a less degree.

She was never compelled to take to her bed, but improved steadily though slowly, the deafness and headache being very persistent. On the 5th of June she was still very deaf and could distinguish the ticking of a watch only half an inch from the left and three-quarters of an inch from the right ear.

Two more children in the same family, viz., a girl of seven years and a boy of four, also each received a dose. The former took a teaspoonful; vomiting ensued shortly afterwards, and on the following morning no symptoms presented themselves with the exception of a slight nausea which lasted but a short time. The latter child received half a teaspoonful. No nausea or any other apparent effect ensued.

Dr. North, in commenting upon these cases, thus expresses himself:—

“It will be noticed that the symptoms presented by the cases described resemble somewhat closely those produced by *Santonin*, its therapeutic ally. They differ, however, in the important particular that the eyes were wholly unaffected by the discoloured vision uniformly produced by the latter drug, while the hearing, which, so far as I can learn, is unaffected by *Santonin*, was the only sense perceptibly affected by *Chenopodium*. The only regularly reported case of *Chenopodium*-poisoning which has come to the writer's notice is an instance found in the *Boston Medical and Surgical Journal* (vol. xlv., p. 373). It occurred in the person of a slave child, six years old. In this case a bottle of the oil was given to the mother by a quack, with directions to administer to the child gtt. xv. drop doses (how often not stated), until worms were expelled. The patient died in thirty-six hours from the onset of the attack, which was marked by profound coma, stertorous breathing, small, weak pulse, *convulsive movements limited to the right side*. The quantity taken in this case cannot be ascertained even approximately, and the value of the case is therefore largely diminished. Also, owing to the extreme violence of the attack and the speedy death, the most interesting effect of the drug in the cases here reported—viz., the disturbed function of the auditory nerve—could not be observed, if it existed. In the *New York Tribune* of June 15, 1880, a fatal case is also reported, where two doses, each of thirty

'grains' of the oil, were taken, three hours apart. No note of symptoms given, except that shortly after the second dose the patient, an adult, became insensible, and died soon after, despite the efforts of the physicians at Roosevelt Hospital, to which institution he was removed after the poisoning.

"As to the amounts taken in my (Dr. North's) cases, there is an element of uncertainty. Had the drachm dose been given as ordered, the patient would have received 40 min. of the oil, *provided the medicine had been well shaken*; but on standing, the *Spigelia* is almost immediately separated from the mixture, and settles to the bottom. In this condition, a drachm of the supernatant fluid would give 53 min. of *Chenopodium*. Moreover, on measuring the amount left in the bottle, it is found that 3vi. have disappeared from the original 3xii. mixture. The mother asserts that none was thrown away, and none given to any one else. Therefore, 3vi. were distributed among the four children. The youngest is said to have received no more than 3ss. As no poisoning ensued, this is probably true. This would leave 3v.ss. to be divided among the three remaining children. Of this, to judge from the effect, the eldest must have received the lion's share, probably getting fully a drachm of the pure oil."

Dr. North concludes this interesting comment by this paragraph:—

"In conclusion, my reasons for reporting these cases at such length are, first, their rarity, to judge from the few published accounts; second, the peculiar interest which attaches to the symptoms referable to the auditory apparatus; in particular, their singular persistence, the deafness now (June 24th) being very little diminished; and, third, the valuable lesson of caution taught by these cases with regard to the use of this familiar drug, which seems to possess toxic properties with which it is not commonly credited."

The writer's comments:—The interesting feature for the aurist in these cases is the absolute immunity of the middle and outer ear from involvement, and the distinct and pronounced implication of the internal ear, and it alone, as is evidenced by the marked and persistent deafness without earache or visible change in the ear, the distressing tinnitus, the loss of control over movements, the nausea, vomiting, and severe frontal headache, with the reflex effects upon the

pupils, which were "widely dilated, sluggish, and responding only faintly to light," a usual accompaniment of internal ear derangement. The *Chenopodium* evidently fell with full effect upon the labyrinth with its semicircular canals, and in doing so it exercised a disturbing influence upon the whole motor apparatus of the spinal cord. In this respect *Chenopodium* takes a place along with quinine and the salicylates, its action being certainly more limited to the internal ear than the former, and probably as much, if not more so, than the latter.

Whether in Dr. North's cases its action was modified, or we might better express it, *helped out* by the *Terebinth* and *Spigelia*, it is impossible to say; their presence constitutes a blot, and the only one, upon what are otherwise absolutely satisfactory cases.

It is needless to say that *Chenopodium* ought to prove a valuable remedial agent in that distressing affection *Tinnitus aurium*.

CASES TREATED WITH THE "LOWER" AND "LOWEST" MEDICINAL ATTENUATIONS.

BY GEORGE LADE, M.D.

MARVELLOUS "cures" by what are called the "ultra-high" potencies having been accorded an innings in the *Homœopathic World*, I hope it will give insertion to the following cases which made most remarkably rapid recoveries after the administration of the "lower" and "lowest" attenuations. I also hope that other medical men who usually employ the less exalted medicinal agents will be induced to send you the results of their experience, and thus form a series of cases which cannot fail to prove both interesting and instructive to the profession.

The cases I shall adduce make no pretensions to surpass, or even equal, in brilliancy those recorded by your contributors who deal exclusively with the higher potencies, still I think the unbiassed reader will agree with me that there is not very much to choose between the results of the two extreme methods of treatment. But were there a greater difference than there is, as a practitioner of long standing and large experience, I should hardly be justified in abandoning the practice I have hitherto pursued with so much satisfaction to patient and physician alike, for that

which does not appear to me as yet to possess any superior advantage. Indeed, the advantage, if any, rather pertains to the treatment I favour. For when a low dilution is given both the doctor and the invalid may, if so inclined, assure themselves that a medicine is actually being administered, whereas when one of the "higher" preparations is prescribed it is utterly beyond the power of the most skilled scientist to prove the presence of any remedial agent, except those substances usually found in the menstruum in which the attenuated drug is supposed to be dissolved.

I do not mean to insinuate that there is no virtue in these potencies, or in the undreamt-of potencies whose advent is to astonish the world. I know not the range or expansibility of the latent forces of drugs; and in chronic diseases I occasionally avail myself of dilutions greatly beyond what I generally employ; but so long as I have to depend upon others for the preparation of medicines, I trust I shall never so far forget my responsibility towards those who place their lives in my hands as to undertake the treatment of acute and dangerous illness with any of the vaunted "unspeakable and incalculable infinities." If, in a moment of unguarded weakness, I should be induced to do so, the death of my patient would for ever reproach me for having possibly contributed to the fatal result.

Some of your contributors seem to be of opinion that Homeopathy is especially discredited and degraded when one of our body, who has probably none of the pretensions to the infallibility of his critics, deems it his duty to prescribe tincture of *Opium*. They also appear to maintain that such irregular practice is chiefly, if not solely, confined to those medical men who deal mainly or exclusively with the lower dilutions. How far these statements are true I have no means of knowing; but I happen to be personally acquainted with so-called Hahnemannians, who, while they profess to be the purest of the pure in practice, do not scruple to give crude calomel, to alternate and even mix medicines, and to prescribe the unproved compounds so popular at present with the allopathic faculty! If Homeopathy is so terribly discredited and degraded by the loose or careless prescribing of an overworked humble disciple of Hahnemann, I wonder how much it must suffer in reputation by the indefensible action of a self-styled "only true exponent" of the law of similars. Making no absurd claims myself to being immaculate, or endowed with the knowledge of the

gods, I nevertheless try to be consistent and honest; and whenever I consider it necessary or desirable to depart from the generally-to-be-trusted path made by our illustrious master, I do so openly, and mostly give my reason for every outward step that I take. It is to be charitably hoped that our professional brother who administered the *Laudanum* had, and gave to his patient, good reasons for what he did.

In order to prevent any misunderstanding, it is only right that I should exonerate the prominent Hahnemannians from any participation in the very questionable practices of a few of their adherents.

With these prefatory remarks I proceed to give a condensed report of my cases. The totality of the objective and subjective symptoms, I may state, determined the choice of the remedy in every case.

Case 1.—Vomiting, apparently due to pregnancy, almost incessant. I gave one drop of tinct. *Nux V.* 2x, in a spoonful of water. Ere the liquid could pass the fauces the patient vomited. The dose was immediately repeated. From that moment the vomiting ceased.

Case 2.—This case was very similar to the foregoing. The patient had suffered in the same way on former occasions, and no allopath ever gave her the slightest relief. *Puls.* 2x effected a permanent cure in one day.

Case 3.—This patient, whom I saw for the first time between 6 and 7 on a Sunday evening, presented the usual symptoms of Acute Pleuritis in its early stage. I mixed one drop of tinct. *Aconitum* ϕ , with twelve ounces of distilled water, and after vigorously shaking the mixture, ordered a dessert-spoonful, at first every half-hour, and afterwards less frequently. On visiting the patient about noon of the following Wednesday, I found him sitting, cross-legged, busily engaged at his work, that of a journeyman tailor, quite recovered.

Case 4.—Case of Pneumonia in a boy aged seven years. Half-drop doses of tinct. *Acon.* 1x were given, and the patient was packed in cold wet sheets three times a day. On the third day the little fellow was running about his bedroom quite well.

Case 5.—Similar to No. 4 both in symptoms, treatment, and results.

Case 6.—The most pungently offensive case of Ozæna I ever met with. It was of thirteen years' duration. Drop

doses of tinct. *Aur.-Mur.* 2x were given three times a day. During the fifth week the cure was considered complete.

Case 7.—Neuralgia off and on for three years. Homœopaths and allopaths had equally failed to make any impression upon the disease. Trit. *Arsen.-Alb.* 2x in half-grain doses cured the case in a week.

Case 8.—Neuralgia of five weeks' standing. A permanent cure was effected by trit. *Arsen.-Alb.* 2x in four days.

Case 10.—Sciatica of the left leg of more than twelve months. Had been taking large doses of *Opium* to ease the pain for a long time before she consulted me. *Colocynth* 2x effected a cure within a fortnight.

Case 11.—Violent cerebral neuralgia in a child seven years old. High and low dilutions failed to touch the complaint. *Quinine* in two-grain doses cured in three days.

Case 12.—Severe colic of twelve hours' duration, apparently from eating a chicken pie rather "high." Tinct. *Arsen.-Alb.* 3x was ordered. After the second dose, administered within ten minutes of the first one, the patient fell asleep, and awoke some hours afterwards quite well.

Case 13.—Similar to the preceding, the writer being the patient. *Colocynth* 2x cured within half an hour.

Case 14.—Case of Acute Dyspepsia in a medical man of "high" potency proclivities. Having failed to cure himself he consulted me. I gave him tinct. *Nux* 1x. He was cured forthwith.

Case 15.—Dyspepsia in a young lady of about fifteen years of age. Had been under the care of the medical man referred to in the former case without benefit. Trit. *Santon.* 2x cured the patient in a few days.

Case 16.—Dyspepsia with yellow leucorrhœa. *Sepia* 6 was given. The stomach symptoms gave way in a few days, the leucorrhœa in a fortnight. *Sepia* when indicated rarely fails me in the 6th dilution.

Case 17.—Dysenteric Diarrhœa in a child sixteen months old. Had been ill two months and a half. Tinct. *Arsen.* 3x cured permanently in a few hours.

Case 18.—Chronic Diarrhœa of four years' duration in a child under five years of age. Trit. *Merc.-Bin.* 3x effected a complete cure in four days.

Case 19.—English Cholera, the prominent symptoms being as usual vomiting, purging, and cramp. I prescribed *Irisin* 2x. The first dose stopped the vomiting; the patient quite recovered in a few hours.

Case 20.—Ague of long standing, characterised by excessive sweating. *Phos. Acid* 1x cured the case in a few days.

Case 21.—Enteric Fever in a patient aged nineteen who had been ill about a week when I was consulted. On the fifteenth day of my attendance the fever symptoms disappeared. The only medicines administered were *Baptisia* 1x, *Arsenicum Alb.* 3x, and *Phos. Acid* 2x in succession.

Case 22.—Enteric Fever in a younger brother of Case 21. He had been unwell for two days when my attention was drawn to him. *Bry.* 2x and *Baptisia* 1x were given in succession. On the 12th day of the illness the fever left.

Case 23.—Enteric Fever. This patient was the youngest brother of Case 21. Saw him the same day that he complained of being unwell. *Baptisia* 1x was the only medicine given. In five days convalescence commenced.

300, Bath Street, Glasgow.

ITALY : ITS ATMOSPHERE AND ITS MUSIC.

By T. GILBERT BOWICK, Esq., Fellow of the Royal Meteorological Society.

ITALY has long been famed as the cradle of song, and the birthplace of many of our sweetest singers and grandest musicians. Its balmy perfume-laden air, the lovely autumnal tints of its grassy slopes, the foliage of the olive and the broad palmate leaf of the vine, all combine in appealing to the student of Nature, of Science, and of Art. We may with feelings somewhat akin to veneration ask ourselves, to what agencies are the varied phenomena of this favoured spot to be attributed? While assured that the causes which influence these unique results are intimately connected, we will look briefly into what more immediately relates to the marked superiority of the vocal tone of its people. Several questions will naturally claim consideration. The configuration of the land—Does this aid us in arriving at a correct conclusion? Does the volcanic character of the country supply an answer? Is there anything in the atmosphere hitherto overlooked by science? Do we find in the mode of living or in the constitution of the people any explanation of this interesting problem? Are the tones of the children all but celestial, and the voices of the men and women full, rich, and mellow, because of a seagirt land? Do the breeze-

wafted from the Adriatic or from the Mediterranean play a part in the production of the melodious harmony so simply, so innocently, so spontaneously welled forth by the rustic populace of a happy country?

My observations of various districts of Italy have led me to work out a theory in which meteorological science is deeply interested. With the exception of the Plains of Lombardy, the Peninsula, taken as a whole, is distinctly of volcanic origin and character. It has been decisively ascertained that free ammonia exists in the air of Italy to a larger extent than even in the atmosphere of many parts of the sea-coasts of other countries. A number of the small lakes are also largely impregnated therewith; and in fact volcanic ammonia from the *lagoons* is an article of regular commerce. We may therefore assume that the action of sunlight and heat, largely aided by ozone from the sea air, in conjunction with moisture, sets free the ammonia from the extensive volcanic districts containing a salt of this compound. There is also the formation, collaterally, of an ingredient not previously noticed by philosophers. I now refer to a discovery recently made known by Dr. Carter Moffat, cousin of the late Dr. Robert Moffat, the famous American missionary, who was father-in-law of Dr. Livingstone, the explorer. While in Italy, some seven years ago, he solved several problems of an industrial character, and received from the Italian Government a diploma of honour and gold medal in recognition of his service. At the time of his residence in that country he took the opportunity of making over seventy analyses of the air and dew in various districts, and found in every instance peroxide of hydrogen, and also free ammonia, to a larger extent than exists elsewhere.

Dr. Carter Moffat had long previously connected in his mind beauty of tone in Italy and its salubrity as a place for invalids with chemical science, and believed that something in Italian air would be discovered to account for this peculiarity. On returning home he commenced a series of experiments on himself, with singularly beneficial results, and after nine years' constant study he has succeeded in placing before the public an instrument known as the Ammonia-*phone*, which contains an absorbent material saturated with peroxide of hydrogen, combined with condensed ammonia and other ingredients, through which a current of air is drawn into the lungs. It is no stretch of imagination to say that this is in reality a highly concentrated artificial

Italianised air, in an extremely portable condition. Dr. Carter Moffat's voice was originally very weak, harsh, and destitute of intonation. By the use of the Ammoniaphone it has now become a pure tenor of extraordinary range. He noticed that after experimenting on himself for only fourteen days an expansion of the chest took place to the extent of over half an inch, with a feeling of increased lung space and power of voice, which has since been maintained. The use of peroxide of hydrogen in the treatment of disease can hardly, however, be looked upon as a novelty in medical science. Thus, we find in the *Lancet* of October 20, 1860, January 11, 1868, and in the *Medical Times and Gazette* of December, 1868, Dr. Benjamin Ward Richardson, one of the greatest hygienic authorities of the century, saying, "Peroxide of hydrogen relieves the paroxysms of whooping-cough, and cuts short the disease more effectually than any other medicine; affords great relief in chronic bronchitis with dyspnoea, and in phthisis operates favourably in the early stage by improving digestion, and giving increased activity to the chalybeated remedies, while in the advanced stages it affords great relief to the dyspnoea and oppression, acting, indeed, in this respect like opium without its narcotic effects." In almost prophetic language the late Professor Sir James Y. Simpson describes the Ammoniaphone, in a lecture delivered to students some fourteen years ago at the Assembly Hall, Edinburgh. He said: "The future conquests for them and for the coming race of physicians were probably to be gained by researches in pathological chemistry and therapeutics. A most extensive field for new investigations in this line lies temptingly open for the young and ambitious physician in the almost innumerable series of new chemical compounds which modern chemistry has evolved. Among this world of new compounds will probably be yet detached therapeutic agents more direct, more swift, and yet more sure in their action than any which our present pharmacopoeia can boast of. It may be also that the day will yet come when *our patients will be asked to breathe or inspire most of their medicines instead of swallowing them.*"

Dr. Carter Moffat has now delivered four lectures on Artificial Italianised Air,—the first at Stow, on December 12th last, the following being an extract from one of the press reports:—"The vocal illustrations were given by the choir of the church, and it may be said that the inhalation of the chemical compound at once produced an extraordinary effect

—a softness and mellow beauty of tone which was greatly applauded. Dr. Moffat's own illustrations also went far to convince the audience of the exceptionally valuable nature of the plan of training the voice by chemical means. The doctor's voice has been made a tenor of extraordinary range, some twenty notes from the lower F to the high C in the alto, of great beauty, sweetness, and power—the latter note being rung out clear and pure from the chest in the fine devotional air, 'I will arise.'" Another in Glasgow, on December 28th, of which the *Evening News* says:—"Many interesting facts were brought forward, and when trials were made on choirs taken from the audience by inhaling a chemical compound made to represent Italian air, the results were in the highest degree satisfactory. A rich clear tone, of much fulness and timbre, was produced, which was greatly and deservedly applauded. Opinions were given by Messrs. W. M. Miller, Williams, Boyack, Lincoln, and many others of musical cultivation which coincided in a remarkable way as to the efficacy of this new and beautiful mode of developing ordinary crude voices into ones of much beauty and sweetness. The lecture was a great success, and we wish Dr. Moffat all that success and prosperity which such a discovery, the result of many years' study, is sure to bring about." Again, on the lecture in Glasgow, of January 11th, we find the *Evening Citizen* reports:—"Dr. Moffat invited those of his audience who felt inclined to come up to the platform and test his discovery. In response to this request about sixty gentlemen seated themselves on the platform, and sang first without the aid of the Ammoniaphone, and again after having inhaled the 'Italian artificial air.' After the experiment, most of them declared that they had been enabled to produce their notes with greater ease and fulness of tone, and to extend their upper register."

Thus, by means of chemical science we are brought into a fairy land of which no one knows the extent. We can have as it were Italian air laid on at our own doors. The vocalist, the clergyman, the public speaker, and the invalid, all owe Dr. Carter Moffat a debt of gratitude. As a Scotchman, Scotland may well be proud of her son, while other lands can claim him, not as a native but as a benefactor.

Bedford, January, 1884.

ON THE ADVISABILITY OF LOCAL MEASURES IN THE TREATMENT OF DISEASE.

By DONALD BAYNES, M.A., M.D., F.R.G.S.

I PROPOSE to bring before the notice of your readers, as an illustration of my meaning, a few of the commoner diseases of the throat where the advantage of local measures in conjunction with the administration of medicines internally has materially helped and shortened the progress of the disease. I do not, by advancing local means, ignore the advisability of administering properly selected remedies.

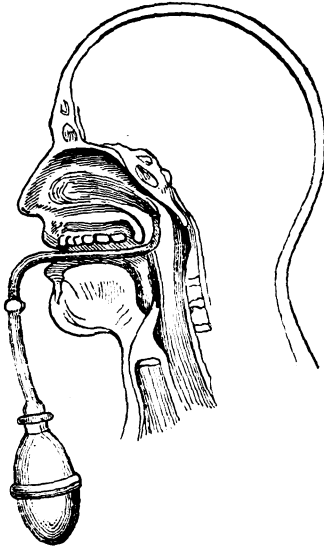
1. *Post-Nasal Catarrh*.—This disease, though very common, is but little understood. This is probably owing to the fact that few, if any, opportunities occur for its pathological—*i.e.*, *post-mortem*—examination. This is chiefly due to the fact that not being a fatal disease, when those who have been sufferers die, the fact of a catarrh having been present is usually unknown or forgotten, as the disease which has carried them off has occupied the entire consideration of the attending physician. For no disease, perhaps, have so many specifics and patent nostrums been advised and tried, such as the numberless snuffs, powders, douches, etc., advertised in so many of our newspapers. As a rule they are all of little or no value except as palliatives. One at least, and probably the most universal, I would warn every one against, and that is the douche, as there is ample proof of its harmful effect on the organ of hearing. It is frequently the cause of purulent otitis and deafness. Dr. Roosa, an eminent aurist in New York, speaks strongly against its use; stating that the use of the nasal douche often causes acute inflammation of the ear, and recommending that its use should be discountenanced by the profession. He says, “The fact is, that when one side of the nasal cavity is entirely filled with fluid by hydrostatic pressure, while the patient is breathing through the mouth, the soft palate completely shuts off the superior pharyngeal space from the mouth, and does not permit any of the fluid to pass downwards; the fluid then passes into the opposite cavity and escapes through the nostril.” Now it is easily seen that if the Eustachian tubes happen to be more than usually pervious, or if the pressure of the fluid is excessive, more or less of it may be forced into the tympanic cavity. This occurrence has not unfrequently led to disastrous results. Dr. Roosa, in his work on diseases of the ear, gives the following analysis of sixteen

reported cases of injury to the ear from the use of the nasal douche:—

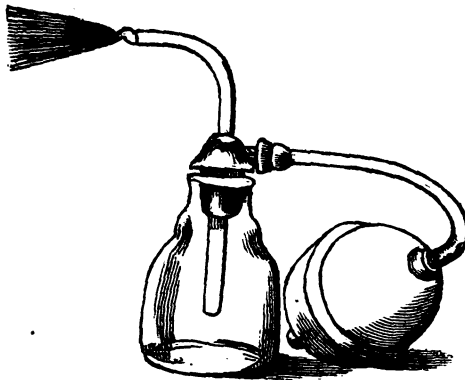
Patient.	Instruction in use of Douche.	Fluid used.	Ear Disease.
1. Rev. Dr. C.	A Physician .	Warm solu- tion of car- bolic acid	Acute otitis media sup- purativa, pyæmia. Re- covery.
2. Dr. Frank	Dr. Frank ...	Cold water ...	Acute otitis media. Re- covery.
3. Mr. D.	Dr. Roosa ...	Warm solu- tion of salt and water	Perforation of both mem- brana tympana. Re- covery.
4. First of Dr. Par- dee's cases	A Physician .	Ditto	Otitis media suppurativa, necrosis of middle ear. Permanent deafness.
5. Second of ditto ...	Ditto	Salt and water	Acute otitis media. Re- covery.
6. A Physician.....	Ditto	Unstated.	Otitis media suppurativa chronica.
7. Patient at Manhat- tan Eye and Ear Hospital	Unknown ...	Unknown ...	Otitis media acuta. Re- covery.
8. Mrs. C. (Dr. Ma- thewson's case)	A Physician .	Warm fluids.	Otitis media acuta. Re- covery.
9. Dr. Hackley's case	Unknown ...	Warm salt and water	Otitis media suppurativa chronica supervening on old perforations.
10. Dr. Piffard's case .	Ditto	Warm fluids.	Otitis media acuta. Re- covery.
11. Judge ———	A Physician .	Unknown ...	Deafness. Recovery.
12. Dr. Loring's case (a Physician)	Ditto	Warm fluids.	Otitis media suppurativa chronica.
13. Dr. Mathewson's second case	Ditto	Unstated.....	Otitis media acuta. Re- covery.
14. Dr. Mathewson's third case	Ditto	Ditto	Otitis media subacuta.
15. A Physician.....	Ditto	Warm salt and water	Fainting and otitis media catarrhalis.
16. Dr. O. D. Pom- roy's case	Dr. Pomroy...	Ditto	Otitis media suppurativa.

To treat this disease, a good lamp, mirror, and laryngoscope are necessary. An adept in rhinoscopy can often see the entire superficies of the naso-pharyngeal space, and can therefore touch with a suitable brush any ulcerated point or points with the utmost precision. The local treatment of this disease consists of the topical application of medicated vapours, fluids, and powders. The fluids may be applied by means of a douche, a post-nasal syringe, an atomiser, or a brush. The douche, as I have before stated, is dangerous

and should be avoided. The post-nasal syringe (*vide* woodcut) is very useful, as by its means the greater part of the naso-



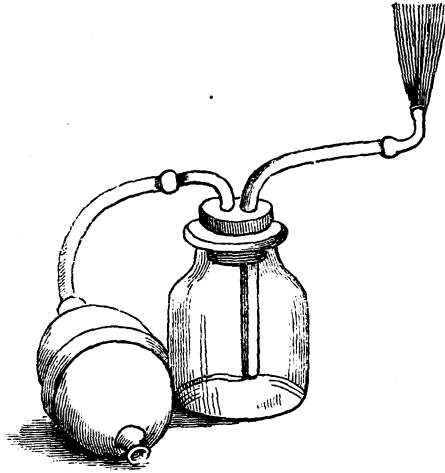
POST-NASAL SYRINGE.



HAND-BALL ATOMISER OR SPRAY.

pharyngeal space may be easily covered with the solution and without danger to the ear. The atomiser, however,

with its fine medicated spray, is by far the best way of giving this form of application; for the consulting room or hospital, an air pump fitted with one of Saas' atomising tubes. These have their tips so arranged that the spray can be directed upwards, downwards, or in a horizontal direction, as may be required. For the use of patients at their own homes a hand-ball atomiser, fitted with an adjustable tip to direct the spray in the required direction, is required (*vide* woodcut, p. 67). The solution for the spray should be tepid (70° to 80° Fahr.). The brush is camel's hair fastened to a platinum rod and



POWDER BLOWER.

bent at an acute angle. The powders are used by means of a powder blower (*vide* woodcut). This directs the powder either in a straight direction for the anterior nares, or by means of a moveable tip, bent at an acute angle, in an upward direction for the posterior nares. The vapours are used in an inhaler, or by means of one of Bird's pipes. I have entered thus at length into a description of these various apparatus as they are the means of applying local applications, not only to the nose but also to the larynx. The medicines to be employed in this way will, of course, vary according to the case. I may, however, mention some I have found useful, which may be used in varying strengths as required:—*Hydrastis*, *Rhus Tox.*, *Hamamelis*, *Kali Bich.*, *Hepar Sulph.*, *Arnica*, *Thuja*, *Chamomilla*, *Iodoform*, *Camphor*,

Salicylic Acid, Carbolic Acid, Iodine, Ol. Pini Sylvestris, Friar's Balsam, and Condy's Fluid. Another means of locally medicating the nose is by means of buginaria or nasal bougies. These, when introduced into one of the nasal passages, slowly dissolve, thus the application is kept for some time in intimate relation with the mucous membrane. The basis of these bougies is Gelatine, Glycerine, and water.

The internal remedies are known to all your readers, and speaking generally consist of *Ac.-Nit., Aurum, Iodium, Kali Bich., Kali Carb., Liq. Sodæ Chlor.,* and others, which are given according to their symptomological indications. I do not enter upon these indications, as my paper is merely intended to draw attention to local measures. This being essentially a disease of debility, general hygienic measures, such as bathing, outdoor exercise, and suitable gymnastics, are of great importance.

Diphtheria.—As to whether diphtheria and croup are one and the same disease, whether the bacterian theory is correct or not, along with the many other views promulgated, are subjects I do not intend to enter upon, but leave them to be argued out by those who feel so disposed. In my opinion, diphtheria is essentially a drain disease, and wherever proper sanitary regulations are neglected or wanting, we may expect to hear of its ravages. It is primarily a local disease, followed by constitutional effects. These, in severe cases, seem to accompany or co-exist, and in some cases, even to precede the local manifestation. It is probably the result of some infecting substance or substances being drawn in by the breath, settling on the mucous membrane of the fauces, where it sows itself. This seed soon springs up, resulting in the diphtheritic membrane, which is accompanied by the constitutional disturbance, slight or grave as the case may be. Looking at diphtheria in this aspect, local measures are, perhaps, the most important part of the treatment. A very important part of any treatment is not to weary the patient when examining the throat. This can hardly be avoided by the usual means of examination, viz., the handle of a spoon, a paper-knife or spatula, as the patient is made to sit up, is twisted and turned about so as to get the light in the right place. All this may be avoided by using a laryngoscope, as the patient need not move, but simply lie still and open the mouth; a lamp, or even a candle, is

held by the nurse a little behind and on one side of the head. Now put on the laryngoscope, depress the tongue slightly, when the whole of the fauces will be well lighted up, and a thorough examination can be made without wearying the patient. Another important point is, never use a swab or brush to apply the solution or lotions to the throat; not only are they disagreeable to the patient, but, what is of more importance, the membrane, or a part of it, may be brushed off, leaving a raw surface upon which a fresh deposit is at once formed, and being on a raw surface naturally takes a deeper root, the patient's chance for life being reduced in direct proportion to the amount of membrane removed. This trouble is easily avoided, as by means of a good atomiser, the tube having been introduced into the mouth, a few squeezes of the ball ensures a complete coating of all parts of the throat, even as far down as the vocal cords, with the solution. One great advantage of this method of applying solutions is that children seldom, if ever, object to it. The lotion used is *Lactic Acid* ℥iij. or ℥iv. to ℥viij. of lime-water. *Lactic Acid* is a solvent to the diphtheritic membrane, and combined with lime-water, makes one of the most perfect local applications for this disease; in fact, it is the sheet-anchor in the treatment of diphtheria. When the nares are involved they should be syringed out every two or three hours with the *Lactic Acid* lotion, diluted with one-third or one-half water.

The internal remedies are so well known, and Dr. Hughes, in his "Manual of Therapeutics," has given so full and exhaustive a description of them, that it would only be waste of your space even to enumerate them. I may, however, mention that *Mercurius Cyanatus* in the 12th and 30th dilutions has received more than praise by all who have tried it.

The diet should consist chiefly of milk to which a little lime-water is added, beef-tea, beef-juice, and eggs beaten up with milk.

Lemonade makes a very agreeable drink, and may be given frequently with benefit to the patient.

Enlarged or Hypertrophied Tonsils.—I am well aware that in the majority of cases enlarged tonsils may be surely and easily cured by medicinal treatment alone, and in these cases local interference is not only unnecessary, but wrong. In some few cases of chronic hypertrophy of the tonsils, especially when the tonsil presents a honeycombed appearance,

local measures are required, and the tonsil or tonsils should be at once removed by a tonsillotome or guillotine, as no amount of internal treatment, however carefully selected, can ever cure these cases. I know some of your readers will dissent from this, but I have known cases that have been carefully treated for several months by well known and careful prescribers, becoming weary of the long and tedious treatment, do what they might have done at first—viz., have their trouble permanently cured by one snip of the guillotine. I remember the case of a child who was fully a year under the care of a very painstaking practitioner, a high dilutionist, and who at the end of that time was but little better. Its sleep was disturbed, its health in consequence suffered, and—what is often the case where there is chronic hypertrophy of the tonsils—a pigeon-breast began to develop. The parents finally, at the solicitation of friends, took the child to the Throat Hospital, where the tonsils were promptly removed. At once the child's health began to mend, and it is at present strong and healthy. Some say that the removal of the tonsils is frequently followed by more or less impairment to the general health. This I am inclined to doubt, as I have never yet seen a case where the general health suffered from removal of the tonsils. Indeed, my experience is quite the opposite, and I have seen many a score taken off.

Elongated Uvula.—This is, as is well known, the cause of many distressing and obstinate coughs. It is also a cause so easily removed that I do not consider it right or fair to a patient to go on treating obstinate cases of this kind by medicines, which do not, as a rule, cure till the weather changes, and which again appears when the weather or locality is favourable to its reproduction, when the uvulatome permanently removes the trouble.

Chronic Laryngitis and Pharyngitis are both much more amenable to treatment when local measures are adopted in addition to the properly selected remedies.

The enlarged follicles in the pharynx are easily destroyed by touching them with the heated wire, or point, of an electric cautery.

I find that space will prevent my saying more than that in these laryngeal and pharyngeal troubles the same topical applications may be used. The appliances are the same. I intended to have described the treatment of fibroid and cystic goitres, by local measures only, but as I have already

trespassed so considerably, I feel I must not enter upon this subject.

40, Brook Street, Grosvenor Square, W.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq.

RANUNCULACEÆ (continued).

Ranunculus sceleratus (the Celery-leaved Crowfoot, Marsh Crowfoot, found in damp places and borders of ditches, but also growing in the water).—The leaves of this plant are so very acrid that the beggars in Switzerland are said to produce very foetid and acrimonious ulcers by rubbing their legs with them. They could not well have selected a better medicine in a homœopathic sense, as one of its chief symptoms, when taken by the healthy, is to *produce laziness and want of disposition to perform any mental labour*. It is to be hoped that after the healing of their legs they may cease to be beggars. It would be interesting to know if such was the case. There is a good proving of this drug in Jahr's *Materia Medica*. It produces many kinds of headache, vomiting, sweetish taste in the mouth, profuse lachrymation, smarting in the eyes, earache of the right ear, smarting in the nose and excessive secretion of watery mucus, sneezing, toothache, and a great many other symptoms. Amongst others it is especially useful for *corns*, with intolerable *burning*, stitches, pricking, sticking, boring pain along the whole sole of the right foot, itching and furious smarting of the soles; *sudden stitches in the fore part of the right big toe, as if a needle were thrust in deep*, recurring at short intervals, sometimes passing into a burning. For further particulars see Jahr.

Ranunculus Flammula (Lesser Spearwort, Small Water Crowfoot, also found in wet places).—Taste very acrid and hot; when the herb is taken in a small quantity it produces vomiting, spasms of the stomach, and delirium. Applied externally it vesicates the skin. According to Jahr it produced inflammation and gangrene of the arm down to the tendons and bone, in the case of a female, from applying the plant to the wrist. It produces in horses, on eating it, excessive distention of the abdomen and inflammation and gangrene of the abdominal organs, but it is said to promote digestion

when eaten moderately. This is probably not its homœopathic action.

Ranunculus Ficaria (Pile Wort, Lesser Celandine).—This plant has been deemed anti-scorbutic, and the root was esteemed as a specific for piles, hence its common name. This is one of the earliest flowers we have, and its shining green leaves and beautiful golden flowers are seen by the side of almost every watercourse and ditch in the early spring. Besides its use for painful and bleeding piles, swelling, etc., it is said to have been used with considerable success for internal wounds, bruises, and spitting of blood. An ointment is made by boiling the bruised leaves with lard, which is said to be very healing. There is no proving.

Ranunculus repens (Creeping Crowfoot), very common, found in meadows and pastures; also very acrid, producing smarting of the eyes, profuse lachrymation, and curious dreams; he fancies while yet awake that he is in a large city, and sees well-dressed people, masquerades, Turks, etc. I myself had a very curious dream or vision, while awake, two or three years ago, just as I was recovering from an attack of typhoid fever, for *three nights in succession, immediately* on closing my eyes, and while perfectly awake. I imagined I was standing on the brink of the most profound abyss. The horror caused me instantly to open my eyes, but there was no return of the sensation until the next night, and again on the next. It is possible I may have been under the influence of the same drug, as I was in the country botanising at the time, but I had no knowledge of such being the case. I have no doubt the drug would cure this condition of things—namely, day dreams. A proving of it would show what its virtues are. Evidently the *Ranunculus* family produce a good deal of mental languor, and should be especially thought of for sleepy, inactive people, and persons subject to day dreams, etc.

The following were the effects noticed on a flock of sheep:—Several fell down as if struck by lightning, the eyes rolled, the breathing was hurried and aggravated, some reeled and died with their *heads bent towards the left groin*.

The mucous membrane of the eyes was injected, the mouth dry, the abdomen was slightly distended, rumination ceased, some of them raised themselves, reeled, fell down again, bleated pitifully; most were in profound coma.

Sulphuric Ether in milk gave much relief, but great weakness of the feet remained behind.

Ranunculus acris (Upright Crowfoot, Meadow Crowfoot).—This, as its name implies, is of a very acrid nature, and was at one time employed externally as a vesicatory. It produces a quicker effect than an ordinary blistering plaster, but it also produces ulcers that are very difficult to heal; therefore it has been used (allopathically) where long-continued topical stimulus is required to produce discharge from the part, as in an issue. The Homœopathic Materia Medica gives no proving of this plant, but only records some of its poisonous symptoms. Applied to the temple it produces headache, intolerable heat and fainting. Applied to the joints, it produces soreness of joints, and obstinate ulcers as far as the knees; both feet looked burnt; red, hot blisters appeared here and there; several places became gangrenous on the third day, and trembling and fainting occurred. Wounds of twenty years' standing began to improve after applying a decoction of the leaves to the legs.

Ranunculus bulbosus (Bulbous-rooted Crowfoot, common in meadows and pastures in May, easily known by its *reflexed calyx* and bulbous root, the only buttercup at this time in pastures with a reflexed calyx; so that, finding this, one is sure there is a bulb at the bottom of the stem).—A curious fact concerning this plant is that the new bulb for the next year is always a little higher up towards the surface than the old one. What takes place the following year I do not know, as if they went on doing this every year they would soon be out of the ground; perhaps the rooting process draws them down again. It is the plant commonly called the buttercup, and many think it is on account of the yellow colour of these flowers that butter receives its yellow colour in the spring, whereas the cows will not eat any of the crowfoot while green on account of its hot, caustic taste. This plant was said to be a remedy against the plague. The Homœopathic Materia Medica gives a long proving of it. It has many symptoms similar to *R. sceleratus*, but whereas the latter produces a lazy feeling, the former produces a *dread* of labour; it also causes many other mental symptoms, notably *ill-humour and disposition to quarrel and scold*, fear of being alone, afraid she will be haunted by ghosts. It is also most intensely acrid, merely bruising the roots is sufficient to cause the nose and eyes to stream with water so that one can scarcely see, smarting and soreness of the eyes, and a host of other disagreeable symptoms. Some years ago, having a heavy cold in my head at the time, I had occasion to prepare some of these

roots. The punishment I received I shall never forget. It seemed as though all the fountains of my head had been opened; I could not see from the flow of water from both eyes and nose, but in the morning every vestige of the cold I had previously was gone. This incident shows how true is the law of similars—that like will cure like.

This finishes the *Ranunculus* genus as far as they have been used in Homœopathy. The next in order is *Caltha palustris* (Marsh Marigold), found in marshy places, water-courses, and damp meadows. Its large yellow flowers, almost as large as the Christmas rose, are well worth gathering in the spring, and make a very handsome bouquet for the drawing-room with a few only of their shining green leaves, and they last a long time in water. The young buds of this plant when properly pickled are said to be a very good substitute for capers. There is some account of this plant given in the *British Journal of Homœopathy*, vol. ii.

THE HEART AND ITS WORK.¹

By J. COMPTON BURNETT, M.D.

LADIES,—My friend Dr. Donald Baynes has been instrumental in arranging a course of Ambulance Lectures for ladies on various subjects, anatomical and physiological, and I consented to give one of these lectures. I call it "The Heart and its Work," and this constitutes a considerable restriction of the subject for to-day's lecture, as announced in the syllabus lying before you. I thought it would be better to thus restrict the subject to be considered. You will admit, ladies, I *think*, that it will take us quite all the time allotted to us to get anything like an adequate conception of the "Heart and its Work."

It might be deemed a daring deed for one who is only a man to presume to add to the cardiological knowledge of those whose prime prerogative lies in heart-work; but then, ladies, it must be my business to consider the "Heart and its Work" principally from the stand-point of the anatomy room and of the physiological laboratory; and of the affections of the heart, not in the great realm of immortal love, but in the domain of those organic and functional changes which we call disease.

¹ Being a Lecture delivered to the Ambulance Class at St. Saviour's Hospital, London, January 9th, 1884.

In obedience to time-honoured custom I speak of the heart in the singular number. In some senses the heart is a singular organ no doubt, but in a physiological sense it may surprise you to learn that we really possess two hearts, and not one. Yes, ladies, each one of us carries two hearts about, and I will directly proceed to show how this is. But although we have two hearts, each one of us, they may nevertheless be considered one, because they have grown together, and are united together like our two nostrils with a septum or partition.

Our two hearts, then, are united by means of a muscular septum or partition, and hence are commonly spoken of in the singular. But we will first consider them separately. It is usual to speak of the *right* heart and of the *left* heart, but I shall take the liberty of sometimes calling the right heart the *pulmonary* heart or the lung heart, because its business is to pump the blood into the lungs for aëration; the left heart I shall sometimes designate the *systemic* heart, or the body heart, because its office is to send off the blood all round the body, all over the system. The blood in the right or pulmonary heart is black, or at least dark, and hence it is fitly called the *venous* heart; while the left heart contains red blood, and so the left, or systemic heart, is properly called the *arterial* heart. So when we speak of the right heart, the pulmonary heart, the lung heart, the venous heart, we mean the same thing—*i.e.*, the right half of the heart commonly so called. Similarly left heart, systemic heart, body heart, and arterial heart mean simply the left cardiac moiety, or left half of the heart.

It will be more convenient to consider the *systemic* heart, that is the arterial heart, first. Taken by itself it has two parts, the smaller thinner upper part, which is called the *auricle*, and the larger lower part, which bears the name of *ventricle*.

Of course, you understand that the heart is just a muscular pump, or a contractile propulsive blood reservoir, and the business of the arterial heart in the systemic economy is to receive the vital fluid and send it all over the body where it is wanted. It receives its blood from the four pulmonary veins—*i.e.*, from the lungs—the blood coming from the lungs being red.

Now, when the blood comes from the lungs it passes into the left, or arterial, auricle, and flows thence into the left ventricle. But the vital fluid cannot remain here in the left

ventricle, as it is wanted at all points all over the body to supply food to the tissues and new building material for cell-regeneration. Moreover, if it were to remain there death would ensue. And, inasmuch as it cannot simply flow away, it has to be propelled forwards; this is done by the muscular heart-walls contracting upon their contents, and out the blood rushes from the left ventricle into the large arterial stem called the *aorta*. This contraction of the heart's walls in order to empty the heart of its contents is technically termed *cardiac systole*. In order to prevent the blood from going back into the auricle whence it came, the Great Architect has placed a fold of the lining of the heart (the endocardium), and so arranged it that its free tips or flaps form valves that shut when the heart contracts and open when the heart dilates.

We have noticed that the heart's contraction is called its systole, and now we might as well say that when the heart dilates this state of dilatation is called its *diastole*.

The valvular apparatus in the left heart between auricle and ventricle to prevent blood-reflux during the systole has two free tips or flaps, or *cuspides*, and hence the valve is called the bicuspid valve; and because it looks like a bishop's mitre¹ it often goes by the name of the mitral valve.

Doubtless you have all heard about valvular heart disease; and this valve it is that is most commonly affected. I will stop here a moment to remark that in acute rheumatism, even of the most mild description, the lining of the heart is apt to become inflamed by the rheumatic poison, and the inflammation very generally affects this valve. Herein more particularly lies some of the importance of knowing a little of the anatomy and physiology of the heart as a part of the house you live in.

I want here to interpolate a little story; it will serve to relieve your attention a little bit, and will show best the practical use of what I am aiming to teach you in this lecture on the "Heart and its Work."

Some seven or eight years ago I was summoned to see a bright little son of a country squire bearing an historic name. The little man was, as nearly as I remember, about ten years of age. He had been playing cricket with his brothers in the grounds, and had lain or sat on the wet grass when heated with the game. I found him with acute rheumatism in his feet, which were dreadfully painful. I had

¹ "Quam mitræ episcopali non inepte contuleris."—*Vesal.*

the boy put to bed in flannel and prescribed what seemed to be the appropriate constitutional treatment. I purposely ordered nothing locally for the feet. Next day I was greeted on arriving by the boy's mother thus: "Oh, Charlie's feet are well; old nurse *cured* (!) them by putting them into a hot mustard-and-water bath last night; but the dear boy has had a dreadful night with pain in his chest and great difficulty of breathing."

The symptoms were those of *angina pectoris*, due to metastatic rheumatic endocarditis, or to put the same thing into simple language, the hot mustard-and-water bath given by old nurse to cure the pain and inflammation in Charlie's feet had cleared the rheumatism out of his feet, but sent it back into his body, and it had settled on the valves of his heart, producing dreadful pains in the chest and shortness of breath, and *permanently* injuring his heart. Charlie is now a very fine young fellow, but hardly quite understanding why he cannot run up-hill and busy about like other lads. The reason is that he has valvular disease of the heart; his mitral valve no longer shuts properly. Old nurse did him a sorry service when she cured the rheumatism out of his feet, where it did no harm, and sent it to the very centre of organismic activity.

From this you may learn that when a person has acute rheumatic pains in his joints, it is best to leave them there till the rheumatism is *really* cured and the patient *truly* healed. This kind of local pottering in the treatment of disease rarely does any good, but often an infinity of harm. With old nurse her little knowledge was indeed a dangerous thing.

So much for the commonest origin of valvular heart disease. Now, ladies, let us recapitulate the chief anatomical and physiological points of the left, or systemic, heart.

The blood flows in four veins from the lungs, where it had gone for fresh air and its oxygen, into the left auricle; thence it passes into the systemic ventricle, to be pumped hence through the aorta along the numberless arteries all over the organism.

What becomes of the blood after it has thus been carried about and has vivified and fed the tissues? It returns to the heart whence it came, but it does not return with the real freshness of youth upon it; it loses that roseate hue, becomes dark—venous as we say—by losing its oxygen and other nutrient and vivifying qualities, and by taking upon itself the

functions of a scavenger. For it is to be remembered that the vital fluid not only feeds, builds up, and vivifies, but it is charged with the no less important function of carrying off the organic dirt and rubbish left over from the various cellular, organic, and organismic activities in every nook and corner of the body, even in its most outlying districts, from the crown of the head to the tip of the big toe, and everywhere between.

Now, ladies, come in your imagination with me, and let us travel with a portion of this dark, dirty, venous blood along the little veins first—the little veins that drain it off from the cells and the intracellular spaces. Let us follow it as many of these little veins join and pour their contents into veins of a larger calibre, till these larger ones at length unite in the largest veins, called the *venæ cavae*, that debouch like two large streams into the upper half of the right heart, the right auricle.

Why is the upper, smaller portion of each heart called *auricle*? You will excuse a little philological digression, as it is always well to know why things bear the names they do. And, then, you cannot know too much about the heart, for it is indeed a truly wondrous organ.

In olden times it would have been needful to tell an assembly of ladies that *auris* is the Latin for “ear,” and that *auricula* is its diminutive word-form, and that auricle is its Anglicised appearance, the word auricle thus meaning *a little ear*; but now, ladies, *vous avez changé tout ça*, and I should be afraid to descend to such elementary considerations for fear you should whisper to me another, “Look at the conceit of the man, he thinks because we are ladies we do not even know the etymology of auricle.” But, in any case, why is the upper half of each heart called its *auricle*? Well, first because when you look at a heart in the anatomy room you see the auricles at their sides have each a bulging-out that really looks like a little ear, or an auricle. Originally it was only this little portion that was called the auricle, but gradually the word came to mean the whole top part of the heart. So much for the word auricle. The French use their word *oreillette* in the same wide sense as we do the word auricle. But learned anatomists, who write in Latin, do not use the word *auricula* in this wider sense; for them *auricula* refers only to the auricular appendage from the appearance of which the name was originally derived.

Perhaps we might now hark back to our venous blood as

it came debouching into the right auricle, carrying with it all the little droppings from cell and substance, and bearing them in transit to the various excretory outlets of the body. You know the blood does not really stop long anywhere, and so it cannot tarry in the right auricle. Then where does it go next? When the right auricle is full of its black blood what does it do with it? It contracts upon it and sends it into the right ventricle. So now we have arrived at the right ventricle, and what about that? Well, it is just a muscular pump almost exactly like the left ventricle, only smaller. But why smaller? I say why do we find the right ventricle smaller than the left one? Simply because it has less work to do: the business of the left ventricle is to pump the red arterial blood out into the aorta all over the body, while the right ventricle has to pump the dark venous blood, just received from the right auricle, into the pulmonary arteries to go to the lungs for fresh air wherewith to cleanse itself of carbonaceous impurities. When the right ventricle contracts upon its contents to expel the blood and drive it into the pulmonary artery to go to the lungs, there is a tendency on the part of the blood to flow back into the right auricle whence it came; and in order to prevent this the lining of the heart, which you remember is called the endocardium, is formed in three flaps so as to serve as valves just the same as those between the left auricle and left ventricle, only in the right heart there are three free flaps, or cuspides, and hence this set of valves are called the tricuspid valves.

A very useful side light is often thrown upon a thing by noticing what names it bears in other languages. So in regard to the heart. For instance, the Germans call the cardiac ventricle *die Herz-Kammer*, or the heart-chamber, and the auricle they call *Vor-Kammer*, or *Vorhof*, or ante-chamber. If we were to adopt this very convenient nomenclature we should speak of the chambers and fore-chambers or ante-chambers of the heart.

I think of all parts of the heart the valves are the most curiously instructive. The cold scientist of the day would smile very sapiently at the teleology evidenced in this little *lecture*; but, nevertheless, I cannot refuse my admiration for the skill of the Maker of the human heart. If you want to realise the fearful wondrousness of our make, you cannot do better than study the mechanism of the heart as you feel it beating away in your own breasts. For in addition to the

bicuspid and tricuspid valves between the auricles and ventricles to prevent the blood reflux at the heart's contraction, in addition to these we must not forget those at the outlets of the ventricles. Here the endocardium forms half-moon-like folds called the semilunar valves, whose object it is to prevent the blood from flowing back into the chambers of the heart when the heart dilates or enters its diastole.

You can readily understand that when the ventricles contract, the blood, instead of rushing out into the lung and body arteries, would go back into the auricles if it could, but the cuspid valves are here to prevent it; and then, again, when the ventricles dilate, back the blood would rush were it not stopped by the half-moon or semilunar valves.

But hitherto we have regarded the heart only as a muscular pump, viewing it chiefly as a propelling organ. In order to thoroughly understand its mechanism, however, we must consider the effect of vacuum and of atmospheric pressure. You no doubt have witnessed, or performed, some simple physical experiments showing these two vast powers of nature. Suction is a very potent factor in the mechanism of the heart and circulation of the blood. Another important force to be considered is the elasticity of the walls of the blood-vessels. Now, to recapitulate the gist of the foregoing, we need only take an imaginary voyage round the little world which we call the human body, and let this *voyage imaginaire* be in the company of a blood corpuscle; and, further, let us choose the lungs as our rendezvous. Starting then with our blood corpuscle in the lungs, we arrive in the ante-chamber, or auricle, of the left heart, and, passing the bicuspid valve, we find ourselves in the left heart-chamber or ventricle; out of this we hurry past the semilunar valves of the aorta, enter the aorta, and sail on all through the arteries of the body. Then we wend our way homewards, and on this homeward-bound voyage we pass through the liver to look after the bile-manufacture, and anon find ourselves in the *vena cava*, that quickly lands us in the right ante-chamber; only, however, to slip through the tricuspid valves into the right chamber, and then we sail past the pulmonary semilunar valves into the lung-artery, and there we are again in the lung at the very spot whence we took our departure. In this *voyage imaginaire* we have gone all round the body; we have made its complete circuit; in fact, we have completed the circulation of the blood. You know we speak of the circulation of the

blood, and we thus express ourselves because the blood actually does make the entire voyage round our organismic world from its starting-point and back again.

Now, ladies, I hope you have a fairly clear conception of the heart and of the circulation of the blood. Of the blood itself our time will not permit me to say anything; doubtless you will hear all about that from another gentleman in some subsequent lecture of the present course. Neither does it fall within my province to go over the usual surgical emergencies in relation to bleeding, or what to do to prevent or stop hæmorrhage. But I should like to say just a few words about heart diseases in a general way, more particularly as explained by its structure and mechanism, and as a practical application of what I have been trying to lay before you about the "Heart and its Work."

You know if you exercise a muscle overmuch you cause it to get very large: the heart is a muscle, and persistent heart overwork results in an enlarged heart, which is technically termed hypertrophy. Again, a muscle that has too little to do becomes thin, bloodless, and flabby: similarly, the heart-muscle may, from a listless, indolent mode of life, become weak, thin, and flabby from inactivity—if present in a high degree we call this condition atrophy.

If the muscular fibres become degenerate and change into fat, that constitutes the fatty heart from which so many die. This is not the fat heart of fat people, for very lean people may have fatty hearts.

When any of the valves become affected by inflammation, we get the condition known as valvular disease of the heart, which is a very common complaint indeed, and is most commonly of rheumatic origin.

Many coughs are due to heart affections, and shortness of breath is a very usual sign of heart disease, though people generally attribute the disturbance to the lungs.

When the heart's action is excessive we get the condition known to every one as palpitation. It by no means necessarily implies anything wrong with the heart organically. Usually it is a merely transitory functional disturbance readily remedied by very simple means. On the whole the heart is a faithful, long-suffering organ, that will put up with a great deal, like a devoted old family servant.

People that have healthy muscular fibre need not be afraid of hurrying and running about, for it does their hearts rather good than harm. But when the tissues are unhealthy,

and either hardened or softened, violent exercise such as hurrying, running, or dancing may have a sudden fatal termination.

Ladies with valvular disease should, as a rule, not get married. There are, however, exceptions to this rule.

You know we doctors are rather great at pulse-feeling. What is the pulse? Just this. When the left ventricle contracts it sends the blood out of the heart all through the arteries; and just at the wrist there is a big artery called the radial artery; it lies on the bone called the radius, and hence its name. When the blood from the heart rushes along through it of course the volume of blood distends the artery, and if you have your finger pressed gently on it you can feel the blood-current. If the waves of blood in the artery come in rapid succession, you know the heart is beating rapidly. If the artery bounds powerfully against your finger, you know the heart's action is correspondingly powerful, and so on. You may get a very good idea of how the blood affects the artery through which it courses by watching the behaviour of a garden hose as the water courses through it when you are watering your flowers; you will see how the hose writhes in serpentine fashion, and if you place your fingers on one in full operation you will be able to tell pretty well how much water is passing, and with what degree of force and velocity. This is just what the physician learns about the heart and blood when he feels his patients' pulses.

Now, ladies, it only remains for me to say that I hope I have not wearied you too much with this little talk about "The Heart and its Work," and to thank you for your attendance and attention.

THE WORKERS AT PITTSBURGH.

THE *Medical Counselor* tells us that the homoeopathic physicians of Pittsburgh, Pa., have just finished their elegant new hospital, which, fully furnished, will cost the sum of 200,000 dollars, a grand monument to the men who WORK rather than TALK. They are now having a "house-warming," serving dinners and suppers, and giving evening entertainments and matinées. They are issuing, during the progress of their "house-warming," a daily paper, the *H. H. H. Record*, so full of cheering things that we should be happy to place it upon the table of every one of our readers.

BRIEF CLINICAL NOTES, WITH REMARKS.

By DR. HARMAR SMITH.

Remarks on the Cases cured by Bismuth
referred to in my last Paper.

(Continued from p. 16.)

THE above three cases settle a question (so far as three cases can do it) which is left open in the fourth edition of Dr. Hughes's "Manual of Pharmacodynamics." I will quote his own words. "The conclusion has hence been reached that the irritant effects ascribed to it (*Bismuth*) of old were due to the arsenic so often present in it." And again, "*Bismuth* seems also to exert a marked action on the heart, though this again may have been due to arsenic" (*Op. cit.*, p. 310).

But in the case of "obstinate diarrhœa" detailed in the January number of the *Homœopathic World*, *Arsenic* had been given freely, but quite ineffectually, but the moment that *Bismuth* took "arms against the sea of troubles" in which my patient had been floundering for about three weeks, the diarrhœa was checked, and in a day or two had ceased to exist.

In the Lewisham case also, which I attended with Dr. Yeldham, I find on referring to my notes that *Arsenic* had been given ineffectually previous to the "rapid improvement" under *Bismuth*. This, some readers will remember, was an obstinate case of Gastralgia.

The Sheffield case, however, is perhaps the most conclusive of the three as to the point that *Bismuth* does not owe its curative effects to the presence of arsenic, since this case was by far the most protracted, continuing off and on for nearly four months.

In the commencement of the case, *Arsenic*, along with other medicines, had appeared to have a beneficial effect. In the first and second relapses, however, its effect was *nil*, but *Bismuth* was permanently curative, there being no further relapse during the six months in which the case remained under my observation.

There is another point of great interest in connection with the above cases (especially the one of dysenteric diarrhœa) in relation to some remarks in a paper "On *Bismuth*," also contained in vol. xxv. of the *British Journal of Homœopathy*, by Dr. Th. Plagge, which I had never noticed until this after-

noon. It will be remembered that in the above case I diagnosed "ulceration of the colon." Dr. Plagge remarks as follows: "I have seen it (basic nitrate of *Bismuth*) act, not only as a palliative, but as radically curative, in all cases where it could be ascertained with certainty, and on physiological grounds, that erosion or follicular ulceration was present on the mucous membrane of the gastro-intestinal canal, a condition which is concealed under such forms as cardialgia, *gastralgia*, cramp of the stomach, menstrual colic, *chronic diarrhœa*, etc. . . . Now, in all these morbid conditions, when caused by superficial ulceration, I have seen the local and general symptoms radically cured by energetic treatment with *Magisterium Bismuthi*" (*Op. cit.*, p. 517).

In Dr. Dudgeon's translation of the "*Materia Medica Pura*" there are some symptoms in the pathogenesis of *Bismuth* which were very troublesome to my diarrhœic patient, and which with the rest were cured by this medicine—viz., Symptom 40, "Pinching pressure in the hypogastrium, and rumbling, with urging to stool; sensation as if he must go to stool." Also, "In the evening straining at stool without being able to pass anything" (*Op. cit.*, vol. i., p. 258).

The dose in this case was, as I have said, the largest I ever gave, but I have sometimes found the triturations fail, even when apparently clearly indicated. Moreover, I was getting extremely anxious about my patient, who declined a consultation with my friend Mr. Miles, of Deal. Still there was much less debility than might have been expected from his advanced age and the severity and continuance of the disease.

South View House, West Cliff, Ramsgate,
January 15, 1884.

THE HAHNEMANNIAN ORATION, 1884.

OUR distinguished colleague, Dr. Alfred C. Pope, of Tunbridge Wells, has been appointed to deliver the Hahnemannian oration for the year 1884.

Dr. Pope's long literary career and professional position eminently fit him for the office, and we accordingly congratulate the Board on their choice.

LITERATURE.

THE MEDICAL ANNUAL AND PRACTITIONER'S INDEX, 1883-4.¹

THIS yearly record of useful information on various subjects relating to the medical profession comes to us from the publisher for review. Its being edited by Dr. Percy Wilde, a rising medical man of promise, leads us to look at the work a little more closely than we otherwise should, were it only an ordinary one-sided allopathic trades-unionistic production. Truly it is an allopathic work, but nevertheless it evinces *some* desire to be fair, and at least we find in it a faintly expressed recognition of the truth of Homœopathy as a very important part of practical medicine. This promises well for the future when the times are riper.

We cannot afford the space to give a really fair review of this important and useful undertaking, but it contains a mass of information that practitioners aiming at keeping abreast of the times can ill afford to be without. As a mere saving of the labour of reading for the many practical "tips and wrinkles" it contains it is worth ten times its cost. Some of the foreign names of journals are incorrectly spelled (p. 69, No. 18; p. 70, No. 2, No. 10; p. 71, L, No. 3; M, No. 13, etc., etc.).

Gelsemium is repeatedly given as *Gelseminum* (p. 29). The statement (p. 67) that "Dr. Charles Phillips speaks highly of *Thuja* both externally and internally for warts," is very fairly supplemented thus: "This is the well-known homœopathic remedy in such cases."

This is as it should be, for it were simply a base falsehood to lead half-educated members of the profession to suppose that one Dr. Charles Phillips was anything but a wretched renegade and plagiarist, to express it mildly. We congratulate Dr. Percy Wilde on his British pluck and love of fair play, and wish his literary undertaking great success. Homœopathic practitioners should show their appreciation of the editor's bold attempt to give fair play to homœopaths as well as to other people, and this would be best done by each one subscribing or the "Medical Annual and Practitioner's Index." It only costs 2s. 6d., and is very nicely got up; and, besides the many therapeutic tips, it tells all about "The Year's

The Medical Annual and Practitioner's Index, 1883-4. Edited by Percy Wilde. London: Henry Kimpton.

Work," "New Inventions," "Medical Education," "Health Resorts," "Sanitation," "Institutions," "New Books," and so forth.

DR. BURNETT'S "CURABILITY OF CATARACT
WITH MEDICINES."

THIS little work has been translated into German by Dr. H. Goullon, a distinguished physician of Weimar, Germany. The "Translation" is in the press, and is first appearing in the *Allgemeine Homœopathische Zeitung*.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

LONDON HOMŒOPATHIC HOSPITAL AND
MEDICAL SCHOOL.

SIR,—Will you permit me at this season to ask the attention of your readers to the special efforts now being made at this hospital to meet the increasing claims of the sick poor upon its resources, and to supply the growing demands of private invalids for carefully trained and efficient nurses? The number of in-patients treated annually in our wards amounts in round figures to 500; the number of out-patients under treatment annually is about 7,000. To remedy the frequent complaints of want of ventilation and space in the out-patient department some very extensive structural additions have been made, and these, together with some advantageous improvements in the wards, have entailed a very great expenditure. The demand for the nurses trained at this hospital has also been for some years on the gradual increase, and the Board of Management, to prevent the constant refusal of applications from medical men for the services of nurses, have erected a new wing for the reception of a larger number of young women to be trained in the wards. Of the great outlay for building thus incurred, only a portion has, up to the present, been specially

subscribed. The special expenditure will amount to over £2,500, while the special donations have not yet amounted to more than £700, leaving a large sum to be taken out of the small endowment fund of the hospital unless further generous contributions are received. The Board trust, however, that in view of their endeavours to meet, on the one hand, the demands of the sick poor, and on the other the requirements of the public and the medical profession for trained nurses, the London Homeopathic Hospital will be felt to have a great claim for special support, not only upon that section of the public to whom, as a rule, it must confine its appeals, but also upon all who may be disposed to assist a medical charity working in the midst of a thickly populated poor locality, or who may feel interested in the progress of the modern system of trained nursing and the appropriate employment of young women. Annual subscriptions are sorely needed, as the last two years a diminution has occurred in this essential item of income, and such aid, as well as *donations to the Nursing Institute Extension Fund*, may be sent direct to the hospital, or to the hospital bankers, Messrs. Prescott and Co., 62, Threadneedle Street, E.C.

I am, Sir,

Your obedient servant,

G. A. Cross, *Secretary*.

London Homeopathic Hospital and Medical School,
Great Ormond Street, W.C., January, 1884.

THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

DEAR SIR,—It appears that our Pharmacopœia, prophetic-like, is not without honour away from its "own kindred."

After an elaborate course of experiments made by Messrs. Dunstan and Short, of the School of Pharmacy, including many analyses, with the object of ascertaining the most suitable strength of spirit for the preparation of tincture of *Nux Vomica*, they have arrived at results which prove that the strength directed to be used in the Homeopathic Pharmacopœia is the mean of the two strengths which are most appropriate, but have advantages in opposite directions, thus confirming the conclusions at which homœopathic pharmacists have arrived.

During the discussions which followed the reading of Messrs. Dunstan and Short's report before the Pharmaceutical Society last month, Mr. Greenish said that "as pharmacists, they had been alive to the question of the strength of spirit used in making tinctures. On one occasion during the presidency of the late Mr. Haselden, he (Mr. Greenish) had read a paper on this subject, and had suggested that pharmacists would do well to turn their attention to the homœopathic Pharmacopœia, where the relative proportions of spirit and water were suited to the various ingredients."

I learn that two copies of the third edition of our Pharmacopœia have been placed in the library of the Pharmaceutical Society.

Yours faithfully,
X.

January 11th, 1884.

MR. TEBB ON A RECENT MEDICAL MANIFESTO.

SIR,—Indications are not wanting that a change—slow, it may be, but not the less certain—is coming over the minds of the faculty concerning the advantages supposed to be due to vaccination. This change would not, however, be discoverable by the perusal of the leading medical journals, which invariably take their bias from the editorial management. This is so strongly committed to the orthodox vaccine creed, that only upon the rarest occasions is a dissentient permitted the opportunity of presenting his views. A case in point occurred lately, when Dr. Bernard O'Connor's lecture in favour of Compulsory Vaccination, delivered before the London Society for the Abolition of Compulsory Vaccination, was reported in the *British Medical Journal*, Dr. O'Connor advocating the most ultra opinions both as to repeated vaccination and its enforcement probably ever promulgated. At the close of the lecture the entire structure which the doctor had so ingeniously put together was taken to pieces in a thorough and masterly manner by Dr. J. W. Collins, surgeon to the Western Ophthalmic Hospital, a gentleman whose qualifications entitle his opinions everywhere to respectful consideration, but all mention of this reply and exposure was religiously suppressed. The public must therefore look to other sources of medical opinion for the change I have indicated, and of these one of the most important is a manifesto lately published, entitled "Transactions of the

Vaccination Inquiry," being an investigation conducted by Dr. Makuna, late Medical Superintendent of the Fulham Small-pox Hospital, under a committee of thirty medical gentlemen, nearly all of whom have both a theoretical and practical knowledge of the subject. From this report it appears that circulars containing seven appropriate questions were submitted to 4,000 medical practitioners residing in all parts of the United Kingdom. To these questions 384 answers were received, over 100 being from public vaccinators, medical officers of health, etc. In reply to the pregnant question which of all others, perhaps, most concerns the public, viz., "What diseases have you known to be conveyed, or occasioned, or intensified, by vaccination?" 242 practitioners specify a number of these inoculated maladies, amongst which are the following: 10 testify having seen inflammation, 19 to phlegmon (boils), 22 to erythema, 24 to skin disease, 47 to syphilis, 122 to erysipelas, and so on; 40 diseases being specifically mentioned as attending vaccination. These affirming witnesses comprise about two-thirds of all whose testimonies are here recorded, and it would not be presumptuous to assume that an equal proportion of the entire body of 26,000 registered medical practitioners would return similar evidence, giving in all 1,800 medical witnesses to the certain risks of imparting and exciting constitutional diseases at the point of the vaccinator's lancet.

Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, S.W.,
Dec. 31, 1883.

DR. ROTH ON THE DR. BOWER AND MR. KEATES
FUND.

MY DEAR DR. BURNETT,—Enclosed you find a copy of a letter which I have sent to the Hon. Secretaries of the Bower and Keates Fund. I request you to publish it either in the January or February number of your journal, because I do not expect they will act according to the suggestion of a homœopathic practitioner, and probably my letter will not be read.

When a contribution is wanted to any professional charity, fund, or object, we homœopaths are most politely invited to

give our money—on all other other occasions we are to be *shunned* and to be *pariahs*.

You have promised to help me with my Prevention of Blindness. I have sent you the pamphlets, and hope you will make long extracts in some of the next numbers of your journal.

Yours truly,
M. ROTH.

48, Wimpole Street, W., Dec. 22, 1883.

Copy.

To Drs. Mahomed and Burnet, Hon. Secretaries of
the Dr. Bower and Mr. Keates Fund.

Dear Sirs,—I beg to enclose the signed testimonial and cheque for £1 ls. to the above-named fund, and wish to call your attention to the desirability of PREVENTING in future similar prosecutions by the *Public Prosecutor*, who should not be permitted to prosecute except after having heard the opinion of some competent professional men.

Further, it is desirable to bring in an Act of Parliament that if the Public Prosecutor prosecutes a medical man in a similar case and the verdict is in favour of the practitioner, his *legal* expenses should be paid by the Public Prosecutor.

Without such a restriction similar prosecutions at the *public expense* will be very frequent, because the parents, relatives, and friends of the patient, *if poor*, incur no risk in *swearing* an information before the sitting magistrate, and charging medical men with manslaughter in cases of unsuccessful treatment; this is proved in the Bower and Keates case.

It is also desirable that one of the medical M.P.'s should interpellate the Home Secretary on the injustice of the present prosecution, or rather persecution, as the magistrate called it. At any rate you will act in the interest of our profession by reading this letter to your committee.

Yours very truly,
M. ROTH.

48, Wimpole Street, London, W.,
Dec. 22, 1883.

NEW ENDOWMENT SCHEME AT OUR HOSPITAL.

ENDOWMENT OF BEDS BY MUTUAL SUBSCRIPTION.

THE great success which has attended the efforts of the members of the Board of Management during several recent years to secure the endowment of beds, convinces them that many friends of the Hospital would willingly join in an extension of that movement. Not less than thirteen beds are now maintained each year by funds annually contributed for the purpose, making the beds free of any special charge on the regular income of the Hospital. Six adult beds are maintained by the munificence of one lady. One adult bed is supported by an unfailing and generous friend of the Hospital. One child's cot is maintained in memory of a little boy. Another cot is endowed yearly in memory of a deceased physician; and four beds are instituted in memory of the late Dr. William Bayes. This generous support emboldens the Board of Management to propose the maintenance of other beds—and particularly children's cots—by the special annual contributions of several subscribers to each.

It is therefore proposed to establish four such beds, one for a little girl, one for a little boy, and two for adults.

The estimated annual cost of a child's cot is £25, while £35 provides for an adult bed, and it is hoped that the requisite amounts will be forthcoming from twenty-five little girls for the girl's cot, and twenty-five little boys for the boy's cot, while the Board trust that the adult beds will be similarly maintained by the annual subscriptions of ladies and gentlemen—thirty-five ladies supporting the bed for a female patient, and thirty-five gentlemen maintaining a bed for a male patient. By the institution of such beds it must be remembered that four sufferers constantly will be provided with the means of restoration to health or the amelioration of suffering, and receive comforts which it would be impossible for them to secure out of a hospital ward.

Although subscriptions of £1 each are suggested, it is believed that many friends will gladly contribute larger sums, that the beds may be speedily inaugurated. Smaller sums will also be gladly received, and all amounts may be sent direct to the Hospital.

The names of those providing the yearly endowment of

each bed will be placed at the head of that bed in the order in which the subscriptions are received. Each subscriber will have the privilege of recommending every year a patient to occupy the bed subscribed to; and should that bed be already occupied by the nominee of another subscriber, the patient will be admitted to an unendowed bed, so far as the means of the Hospital will allow.

The new wing of the Hospital, to be devoted to the Nursing Institute, will, it is anticipated, be opened in February, and it is hoped that by the same time the generosity of many friends of the Hospital will enable the Board to inaugurate the proposed four beds.

G. A. Cross, *Secretary.*

London Homœopathic Hospital and Medical School,
Great Ormond Street, W.C., January, 1884.

PRELIMINARY LIST.

Mrs. Wm. Vaughan Morgan	...	...	...	£1	1	0	ann.
Mrs. Alan Chambre	...	...	...	1	0	0	"
Major Wm. Vaughan Morgan	...	...	...	1	0	0	"
Alan E. Chambre, Esq.	...	...	...	1	0	0	"
Master Kenyon Pascoe Morgan	...	...	...	1	0	0	"
Miss Marjory Kathleen Peto	...	...	...	1	0	0	"
Miss Mary Harrison	...	...	...	1	0	0	"
Master William Montague Harrison	...	...	...	1	0	0	"
Master and Miss Cross	...	...	...	1	0	0	"
Miss Lily Lindsey	...	...	...	1	0	0	"
Samuel Clare, Esq.	...	...	...	1	0	0	"
Mrs. Henry Roberts	...	...	...	1	1	0	"
Mr. and Mrs. J. Y. Gibson	...	...	...	5	0	0	"
Mrs. Bayell	...	...	...	1	1	0	"
John Bradney, Esq.	...	...	...	1	1	0	"
Miss E. M. Neldet	...	...	...	1	0	0	"
Miss Lucy M. Vaughan Morgan	...	...	...	1	0	0	"
Master Percy Vaughan Morgan	...	...	...	1	0	0	"
Mrs. Battersby	...	...	...	1	1	0	"
Mrs. Bateson-de-Yarburgh	...	...	...	5	0	0	"
Mrs. Gibson	...	...	...	1	0	0	"
Miss Mackintosh Priestly	...	...	...	1	0	0	"
James Slater, Esq.	...	...	...	1	0	0	"
Mrs. Slater	...	...	...	1	0	0	"
J. Clifton Brown, Esq.	...	...	...	10	0	0	"
A. R. Pite, Esq.	...	...	...	1	1	0	"
W. H. Trapmann, Esq.	...	...	...	1	0	0	"
Miss Rose Trapmann	...	...	...	1	0	0	"
Miss Leila Trapmann	...	...	...	1	0	0	"
Master Albert Trapmann	...	...	...	1	0	0	"
Master Crisp	...	...	...	1	1	0	"
Miss Crisp	...	...	...	1	1	0	"
H. W. Prescott, Esq.	...	...	...	3	3	0	"

W. Scone, Esq.	1	1	0	ann.
Dr. Dyce Brown	1	0	0	„
W. F. Lake, Esq.	1	0	0	„

Cheques and money orders should be crossed "Prescott and Co.," money orders being made payable at the chief office.

POISONING BY BROMINE.

DR. KORNFIELD relates (*Friedrich's Blätter für Gerichtl. Med.*, 1883, p. 228) an interesting fatal case of the poisoning of a child, aged one year and three-quarters, by the inhalation of the vapour of bromine. The child died on the sixth day, after suffering from suppressed voice and respiratory troubles, followed by gastric disturbances, and finally various cerebral symptoms.

MY DOCTOR.

By LISETTE, Author of "Our Curates," "An Old Maid's Counsels,"
"New Lamps for Old Ones," etc.

Who took me from my mother's breast,
Where I was sweetly hushed to rest,
And vaccinating lancet pressed?

My Doctor.

Who, when my teeth began to grow,
Would at me cakes and sweeties throw,
And smile to hear me laugh and crow?

My Doctor.

Who, when with childhood's ailments worn,
Would sing "The Cow with Crumpled Horn,"
And play Bopeep, till pain was borne?

My Doctor.

And who, upon my fevered bed,
With cooling lotions bathed my head,
And haply snatched me from the dead?

My Doctor.

When sleep forsook my weary eyes,
Who with a soothing draught stood by,
And said "Take this," so cheerfully?

My Doctor.

Who, when for pain I could not rest,
Who came, and wounds so kindly dressed,
And thus relieved my troubled breast?

My Doctor.

And when I grew so fast and tall,
And loved to go to rout and ball,
Who said, "She's got a spine, that's all"?
My Doctor.

And, through high-heeled boots, when I fell,
Who, while he made the bruises well,
Would tales of corns and bunions tell?
My Doctor.

When grown, with tight stays, melancholy,
Who lectured me upon my folly,
And growled, "Don't be a modiste's dolly"?
My Doctor.

And now I health and strength enjoy,
How better can I words employ
Than thank in rhyme that dear old boy,
My Doctor?

—*The Elocutionist*

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

WIMBLEDON.—Dr. Von Tunzlemann has been obliged to go abroad in consequence of a sudden breakdown in his health. As there was no time to effect a transfer of his practice, this large district is reported to be

now entirely without a resident practitioner.

BOOKS AND JOURNALS
RECEIVED.

Special Supplement to the
Zoophilist, Dec. 1, 1883.

The Homeopathic Physician,
No. 12.

Speech of Charles Bell Taylor,
M.P.

Wine in the Different Forms
of Anæmia and Atonic Gout.
By M. E. Bézin.

Therapeutic Gazette, No. 12.
The Calcutta Journal of
Medicine, July, 1883.

The Physical Education of
the Blind. By Dr. M. Roth.

United States Medical In-
vestigator, Nov. 10, 17, and
24, 1883.

North Western Gazette, Dec.
1, 1883.

Hahnemannian Monthly,
No. 12.

Thuja Occidentalis. Von Dr. H. Goullon, Leipzig, 1877.

Das Bienengift im Dienste der Homœopathie. Von Dr. H. Goullon, Leipzig, 1880.

Populäre Zeitschrift für Homœopathie, Dec. 15, 1883.

El Criterio Médico, Tomo XXIV., No. 23.

The Medical Annual and Practitioner's Index. Edited by Percy R. Wilde, M.B. London: Hy. Kimpton, 1883-4.

Journal of Medicine and Dosimetric Therapeutics.

Dietetic Reformer.

Revista Homeopática Catalana, No. 23.

Revue Homœopathique Belge, No. 8.

Anti-Compulsory Vaccination Reporter, Jan. 1, 1884.

Allgemeine Homœopathische Zeitung, Nos. 25, 26, Bd. 108, Nos. 1, 2.

United States Medical Investigator, Nov. 24, 1883.

Monthly Homœopathic Review, January, 1884.

The Medical Advance, Dec., 1883.

Hahnemannian Monthly, January, 1884.

The Medical Tribune, Dec., 1883.

Midland Medical Miscellany, No. 25.

Medical Counselor, Dec. 15.

New York Medical Times, January, 1884.

CORRESPONDENTS.

Communications received from Mr. Alfred Heath, London; Dr. Thomas Simpson, Glasgow; Dr. Victor Léon Simon, Paris; Dr. H. Goullon, Weimar, Germany; William

Tebb, Esq., Devonshire Club; The Secretary, London Homœopathic Hospital and Medical School; Mr. Henry Kimpton, London; Dr. Donald Baynes, London; Major Vaughan Morgan, London; X., London; Dr. Cooper, London; Dr. Harmar Smith, Ramsgate; Dr. Roth, London; Dr. George Lade, Glasgow; Dr. Percy R. Wilde, Bath; Messrs. Leath and Ross, London; Messrs. Keene and Ashwell, London; Dr. F. G. Stanley Wilde, Nottingham.

The Homeopathic World.

CONTENTS OF JANUARY NUMBER.

LEADING AND GENERAL ARTICLES:—

A Revival in the Ranks.

The Oxytocic Action of Quinine.

The Virtues of Coffee.

"What is Homœopathy?"

Tarentula Cubensis in Diphtheria and Old Ulcers.

Dr. Foote's Potentizer.

Dr. Murray Moore on Plant Growth.

Veterinary Cases.

Poisoning by Aconite.

Cerium Oxalicum in Whooping Cough.

Herpes and Pneumonia.

Brief Clinical Notes.

A New Method of Diagnosing Cancer.

Poisoning by Bryonia Dioica.

On Cotoin and Paracotoin.

Insanity.

Tin in "Tinned" Foods.

The Cockroach in Medicine.

Epitheliomatous Growths.

On *Atrus Precatorius*.

Warts on the Hands.

Copper and Cholera.

Clinical Cases, Illustrating the Difference between True and Delusive Homœopathy.

The Bacteria or Germ Theory of Disease Overthrown.

LITERATURE:—

Lectures on Cholera and its Homœopathic Treatment.

CORRESPONDENCE:—

British Homœopathic Medical Directory, 1884.

The late Dr. Hilbers.

Modern Attenuations.

To "L.R.C.P." on Modern Attenuations.

Letter from Dr. Lade on Scarlatina.

Letter from Mr. Marchant.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

MARCH 1, 1884.

OUR NEW OFFICE.

WHEN well-established people in daily life remove from smaller houses to larger and more commodious ones we usually conclude that it is well with them.

The allopaths have slain us again and again during the past years, and then they have vainly thought and taught that we were the one remaining moribund hæresiarch of an otherwise extinct species of the genus *hæreticus medicus*. Our kind allopathic friends, and all others whom it may concern, are therefore respectfully, or otherwise, informed that after a successful career of eighteen years at No. 2, Finsbury Circus, we have removed the office of the *Homœopathic World* to much more commodious and desirable premises, No. 12, Warwick Lane, Paternoster Row, London, E.C.

We are pleased at our own success, and we think legitimately proud of it, and we make a point of announcing the fact editorially, so that when our allopathic friends slay us the next time all may know where to come to condole with us. We are the more pleased because this is the *first time* in the history of Homœopathy in this country that a journal devoted to its interests has had a permanent home of its own in the very heart of the book trade. We mean no offence to our able contemporaries.

We feel sure that the many old and tried friends of our journal will sincerely rejoice thus to learn that we are so thriving that we have had "to get a bigger house."

To avoid delay and inconvenience all communications for the *Editor* should be sent, as heretofore, to Dr. Burnett, 5, Holles Street, Cavendish Square, London, W., while orders for the journal and everything else relating to business should

H

be sent to Mr. C. Miller, office of *Homœopathic World*, 12, Warwick Lane, Paternoster Row, E.C.

N.B.—Communications for the Editor relate to literary matter only.

Send all Books for Review, Exchanges, and Hospital Reports direct to the Editor.

DANGERS OF HERBALISTS.

At the Central Criminal Court, before Mr. Justice Watkin Williams, James Wallis, an elderly man, surrendered to take his trial for the manslaughter of Matilda Sainsbury. Mr. Poland and Mr. Mead conducted the prosecution on behalf of the Public Prosecutor; the prisoner was defended by Mr. Montagu Williams and Mr. Lyon.

This case occupied the Court a considerable time, but the facts in reality lay in a very narrow compass, and they have previously been given in the daily papers. The prisoner, it appeared, was a herbalist, and kept a dispensary in Bath Street, City Road; and the deceased, who was about forty years of age, resided at Chelsea; and the offence alleged by the prosecution was that the prisoner had caused her death by recklessly and with criminal negligence administering to her a poisonous drug called *Lobelia*. The deceased, at the time of the occurrence, was no doubt suffering from a complication of maladies. Her liver was diseased, one lung was nearly destroyed and the other seriously affected, and she was altogether in such a condition that, at the time she was treated by the prisoner in the way suggested, she was in such a state that she could not, under any circumstances, have lived very much longer. This being the state of affairs, it appeared that a man named Bull, who lodged in the house of the deceased, and who had been in the habit of consulting the prisoner, and who appeared to have entertained a very high opinion of his qualifications, advised the deceased to go to him for advice. She did so accordingly, and it was alleged that he had caused her death by administering to her a quantity of the drug mentioned. There was a good deal of conflict, however, whether, in the first place, *Lobelia* was a poison; and, secondly, whether, on administering it to the deceased, the prisoner was guilty of such culpable and criminal negligence as to bring him within the scope of the criminal law.

Mr. Montagu Williams addressed the jury for the defence, and called several medical men as witnesses, their testimony being to the effect that *Lobelia* was not really a poison, but that it was used with beneficial results in many kinds of ailments. It was also sought to be established that the prisoner was justified in administering it to the deceased in the condition in which she was.

The learned judge, in summing up the case to the jury, said that there were two questions for their consideration—first, whether the death of the deceased was attributable to the administration of the *Lobelia*, or was the result of her terribly diseased condition; and if the former, whether the prisoner upon all the facts was guilty of criminal and culpable negligence in the administration of the drug in question.

The jury, after some deliberation, found the prisoner not guilty, but remarked that he should be cautious in future in administering poisonous drugs.

Now it is evident that any illiterate, ignorant individual may not only practise medicine without legal licence, but also without legal let or hindrance, and still more, the British jury actually take the side of the lawbreaker! Poor medical student, why fret thyself?

AN OPEN DOOR.

OBSERVATION, thought, and the formation of opinions are unavoidable phenomena connected with sentience and intellectuality. It is held by some, that in conditions of health the cerebral functions are incessantly carried on, even during sleep. At all events, it is as difficult to conceive of a healthy intellect without thought as of a healthy respiratory apparatus without breathing. Facts force themselves upon man's recognition and memory whether he will or no, and the active, educated brain classifies and arranges them, and appreciates their relation one to another almost without volition—possibly, to some extent, in spite of volition. Hence it is that man "searches the scriptures" of nature, in obedience to a physiological mandate, whose impulses he cannot resist; and the exercise of judgment and the formation of opinions are seen to constitute not only a moral obligation, but a physiological necessity of his nature.

Through sacrifice and slaughter, through fire and blood, the world has slowly, painfully struggled up from ignorance, intolerance, despotism, and hate, towards light, and love, and liberty. Yet, to say that all the old barbarism has died out of even our more enlightened peoples is to ignore the ever-present tendency to force opinions upon unwilling subjects. Even yet, mind-liberty and soul-liberty must be purchased and paid for, not once, but often, and the battles that were won yesterday must be fought over again to-morrow.

The resistance made by civilisation against the intolerant and despotic spirit of earlier ages was aroused almost exclusively by the consciousness of individual responsibility. Men refused to surrender their convictions, and insisted upon the exercise of their opinions, knowing themselves to be accountable, not to their fellows only, but to a higher government than that of man. Doubtless this sense of responsibility still contributes largely to the growth of the determined spirit of human freedom, but it is not the only, perhaps not the chief, factor in its present energy. As intelligence has increased, and knowledge become almost universal, men have adopted a *habit* of making their own opinions instead of procuring them from some self-constituted creed-maker, some self-appointed conscience-keeper. The human mind, having accumulated a vast store of facts and ideas, reasons and judges in reference to them, shapes opinions from them, simply because it cannot help it. "Behold, I have set before you an open door, and no man can shut it!" is as true of worldly knowledge as it is of faith.

It is no wonder, then, that the intolerance and the intolerants of this age are having such a discouraging time of it. They are setting themselves not only against a high moral requirement, but also against a resistless physiological necessity of our human intellectual nature. It may be possible to dam back for a time the stream of human thought, so far as its expression is concerned, but the world is now so far advanced in knowledge, and the means for its further progress are so potent, that speedily it must gather strength sufficient to sweep away the strongest barriers that men can raise against it.

It is wonderful that the spirit of intolerance is to-day so strikingly manifest among that class of people who ought to know, and who *do* know, even more than their fellows, the physiological absurdity of their attitude, and the futility of

their endeavours. The most intense and malignant, the most senseless and stupid attempts to fetter thought and to shackle opinion that our present civilisation has to oppose, is displayed, not by religious devotees, not by superstitious fanatics, but by one of the learned professions, or rather by a sect or faction of that profession. Stranger still, this profession is the one which, more than any of the others, is every day and every hour forced to a startling recognition of its own fallibility.

These remarks are offered, not so much to reflect upon a sister medical sect as to furnish suggestions to our own. It is sometimes proposed that our own branch of the profession, even after the lessons we have learned through the follies of our opponents, shall lend itself and its power to the same unwise course. Questions of scientific import are thus to be decided by ballot, and we are asked to endorse the proposition that, on such questions, the majority is right and the minority wrong. If *we* may decide questions thus, why censure the American Medical Association for trying to do the same thing? No; scientific questions are open questions, and if the world of thought is to make substantial progress, they must always remain so.—*Hahnemannian Monthly*.

CASES TREATED WITH THE "LOWER" AND "LOWEST" ATTENUATIONS.

By WALTER DUNN, Esq., B.A. Cantab., M.R.C.S.

WITH respect to the series of cases by Dr. Lade in the February number, under the above heading, I have thought a few additional cases treated during January may be acceptable. I do not deny or doubt the efficacy of high dilutions in chronic cases, or in some very susceptible patients, but I doubt the necessity in urgent cases of persisting in therapeutic curiosities unless marked improvement is *at once* perceived.

Case 1.—Jan. 16.—Mr. A., age thirty-six, slater, married. Complained only of "asthmatic tightness of breathing;" tongue cracked and foul. *Nux V. φ*, mij. every six hours.

Jan. 23.—Reported himself quite well of former troubles. Complains now of palpitation, evidently gastric. *Ac.-Hydrocyan.* 3x, mij. three times a day.

Jan. 26.—Reported instant relief each time of taking medicine; attacks weaker and at longer intervals, palpitation has not returned since.

Case 2.—Jan. 8.—R. B., age forty-five, married, tripe-dealer. Skin dry and burning hot to the touch, complains of feeling very cold, especially in bed, but his wife tells him he feels like a furnace. No appetite; bad taste; constipation; mouth tender. *Baptisia* ϕ , mj. every hour. Told him to go to bed and stop there until I saw him next morning.

Jan. 9.—Found him sitting before the fire, nearly well, only feeling very weak, as if he had had a long illness. He had suffered for a week before he applied to me; he has had no relapse since. [Unfortunately, thinking his case would be a longer one, I omitted to take the temperature.]

Case 3.—Jan. 26.—Mr. C., age twenty-five. Troublesome cough for two months. Has spat in morning frothy mucus for several years. Has lost strength and flesh. Left lung, upper lobe, slight dulness. *Phos.* 6x, mj. every four hours.

Jan. 31.—Much relieved: has now a tickling cough at night. Tinct. *Conium* ϕ , mss. ter die.

Feb. 3.—Cough quite removed, but wished another bottle of the last medicine to keep in case of return.

Case 4.—Jan. 7.—H. G., age thirty-nine, spinner. Gastrodynia two hours after meals, with great craving. Sinking at stomach. *Ac.-Hydrocyan.* 3x, mij. before meals, and as soon as the pain and sinking come on.

Jan. 11.—No pain; no sinking. Feels rather weak. *Ars.-Alb.* 3x ter die.

Jan. 14.—Gaining strength, and no return of former troubles. Repeat *Ars.*

Case 5.—Jan. 7.—Mrs. M., age twenty-three. Works in the mill. Headache and very drowsy; menses irregular, scanty, misses several periods, and then says they come too soon when they do appear at all. Flushings very marked several times daily; loathing of food; palpitation; vertigo. *Ac.-Hydrocyan.* 3x. Meant to try *Amyl Nit.*, but the *Ac.-Hydrocyan.* produced such a remarkable improvement within eighteen hours that no other medicine was required.

Case 6.—Dec. 24.—Miss K., age twenty-two, spinner. Dry cough with wasting; chronic arthritis of joints of hands and feet; feels quite well while working in the hot mill; has had headache for some months: the head is tender to touch. *Bry.* 3x, mj. every two hours.

Dec. 30.—Feet still swell; pain in joints much relieved;

cough easy and loose; headache not relieved. *Crot.* 1, mj. every six hours.

Jan. 1.—Headache cured after first dose of *Crot.*, and has not since returned. *Bryonia* was again given on account of the chronic arthritis.

Case 7.—Jan. 24.—Miss R., age about twenty-five. Palpitation for some years; goitrous swelling of thyroid; constipation; flatulency. *Carbo Veg.* 4x. Having had such striking results lately from *Ac.-Hydrocyan.*, I gave her a mixture of 3x, a dose to be taken when palpitation came on.

Jan. 28.—Reports the medicine never fails in at once removing the palpitation, but does not prevent its return. Repeat.

Jan. 31.—Palpitation still recurs; choking feeling over windpipe and larynx. *Iod.* 1x, $\frac{1}{2}$ drop ter die.

Feb. 4.—Palpitation much better; goitre less, and no choking sensation. The medicine (*Iod.* 1x, $\frac{1}{2}$ drop) produces slight headache. Continue *Iod.* 3x, mj. bis die. Improving.

The next case was one of headache, chiefly in vertex and occiput, in a pregnant woman. *Crot.* 1, mj. every six hours.

NOTE.—The *Crot.* improved the headache, but always produced heartburn, which *Calc.-Carb.* 30 removed. The little headache now remaining is frontal and slight.

Still under treatment.

Rawtenstall, February, 1884.

SAGACITY AND MORALITY OF PLANTS.

THE *Academy* says that, under the title of "The Sagacity and Morality of Plants: a Sketch of the Life and Conduct of the Vegetable Kingdom," Dr. J. E. Taylor has written a work, to be published shortly by Messrs. Chatto and Windus, which approaches the study of botany from quite a new side. Hitherto we have regarded plants as mere automata, little removed from inorganic objects. The aim of Dr. Taylor is to show that all the various qualities and attributes which distinguish animals are also to be found in the vegetable kingdom, and that in both instances they have been evolved in the struggle for existence, and the numerous physical and biological changes which have taken place since plants first appeared upon the globe in the earliest geological times.

A DEADLY PLANT.

A FEW years ago there was, in the Royal Botanic Gardens at Kew, a specimen of probably the most poisonous plant ever introduced into England. It was the *jatropha urens*, the properties of which are so noxious that its possession is positively dangerous. Mr. Smith, the curator of the gardens, was one day reaching over it, when its fine bristly stings touched his wrist. The first sensation was a numbness and swelling of the lips; the action of the poison was on the heart, circulation was stopped, and Mr. Smith soon felt unconscious, the last thing he remembered being cries of "Run for the doctor!" Either the doctor was skilful, or the dose of poison injected not quite, though nearly, enough; but afterwards the man in whose house the plant was placed got it thrust into a corner, and would not come within arm's length of it; he watered the diabolical plant with a pot having an extremely long spout. In a short time, however, the plant disappeared altogether, and another specimen of the genus *jatropha*, which was afterwards introduced, vanished in the like mysterious manner. It was presumed that the attendants were secretly determined that such plants should not be retained in the houses, to cause the possibility of an accident such as that which had happened to the curator.—*The World of Wonders.*

EXPERIENCE WITH NEW REMEDIES.

DR. C. W. BREYFOGLE gives the following experience regarding new remedies. The *Pyrophosphate of Iron 3x* he suggests for those pale, anæmic children who seem to be fit subjects for *Baryta Carb.*, cod-liver oil, or the grave, with that forlorn condition of digestion and assimilation which puts us to our wits' ends to find the proper food. *Chrysophanic Acid 3* cured an eczema covering both legs below the knees, and being well-nigh unbearable on account of its itching, while the discharge therefrom was profuse and offensive. *Eriodyction Cal.* is analogous to *Ipecac.* in coughs, expectorations and asthma, but lacks the nausea of *Ipecac.*, but answers to symptoms otherwise. *Robinia Pseud.* is a splendid remedy for acidity of the stomach.—*California Homœopathist.*

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF HYDRASTIS CANADENSIS.¹

By ALFRED C. POPE, M.D., late Lecturer on Materia Medica at the London School of Homœopathy.

THE *Hydrastis Canadensis* (yellow puccoon or golden seal) is a perennial herb, six to twelve inches high, having a thick fleshy yellow root-stalk—the part of the plant used for medicinal purposes. It is found growing in the rich soil of shady woods and damp meadows in different parts of the United States of America, but is collected in greatest abundance west of the Alleghany Mountains.

The root is gathered during May and June, when its solitary rose-coloured or purplish flower appears. To both water and alcohol it yields its medicinal properties, "which probably reside partly in a volatile oil, but much more in two alkaloids—*hydrastia* or *hydrastin*, originally discovered by Mr. Alfred A. B. Durand, of Philadelphia, and *berberin*, a principle long known as existing in the root of *Berberis vulgaris*, but first recognised as being the second alkaloid of *Hydrastis*." (G. B. Wood's "Therapeutics and Pharmacology," vol. i. p. 283.)

From time immemorial the "yellow puccoon" has been a popular remedy with the North American Indians in dyspepsia, in ophthalmia, in ulceration of the lower extremities, and in cancer.

Dr. E. M. Hale, of Chicago, was one of the earliest physicians who studied the properties of this plant so as to render it serviceable in the practice of medicine. The best experiments which have been made with it are those instituted by Dr. Burt upon himself. They are fully detailed in Dr. Hale's work entitled "New Remedies." I mention these thus particularly for two reasons—first, because they are the best that have been made; and, secondly, because they are omitted in Dr. Allen's collection in the "Encyclopædia of Materia Medica Pura." This is the more to be regretted, inasmuch as, with the exception of a very good proving by Dr. Whitesides, originally published in the *American Homœopathic Observer* (1866), of a case of poisoning reported in the same journal by Dr. Bayer, and of another case of poisoning, Dr. Burt's experiments are the only ones worth studying, the remainder of the symptoms set down by Dr. Allen as the product of *Hydrastis* having mostly

¹ A lecture delivered at the London School of Homœopathy, 1882-3.

followed the taking of the drug in dilutions varying from the thirtieth to the ten-millionth, and generally in single doses of such attenuations.

We have amply sufficient evidence that *Hydrastis* is a powerful drug to render it well worthy of further investigation by experiment; but we have not, I am sure, anything like an accurate knowledge of its possibilities as a remedy.

So far, then, as *Hydrastis* has been satisfactorily proved, it has been shown to be an irritant of the mucous membranes, of the nose, mouth, and stomach, producing a condition similar to that ordinarily described as catarrhal; and an irritant also of the skin, when an eruption is excited, not altogether unlike that produced by *Tartar Emetic*.

The former state is very well shadowed forth in Dr. Burt's proving. The conditions I have described are expressed by such symptoms as the following. There is constant frontal headache of a pressive character. The eyelids are agglutinated, their mucous surface is congested, a profuse secretion of tears flows rapidly, coryza is frequent, a thick white mucus being discharged from the nostrils; a slight hacking, rough-sounding cough is also present. The tongue is swollen and yellow-furred, and has a broad yellow stripe on its surface, the edges being marked by the teeth; the mouth is sticky, with thick, clammy mucus of a disagreeable taste. Aphthous-like sores are on the lips. There is a constant dull burning pain in the epigastric region, with a sense of faintness, or, as it is expressed in America, a "goneness." It is a feeling of sinking and faintness referred to the stomach, and is a symptom frequently met with in the dyspepsia of women at the climacteric period. Pain, still more decided and acute, is referred to the right hypochondrium, and to the umbilical and hypogastric regions. In the first it is described as "cutting," and in the last two as dull and burning, or cramplike in character. There is also some loud rumbling and the passage of flatus of a very foetid sort. In Dr. Burt's experiments similar pain was also felt in the hypogastrium, passing round to the loins, extending downwards to the testicles, and accompanied by a very faint feeling. There is some diarrhoea, the stools being described as "soft and mushy." In one case, that of a woman, æt. 75, who took gtt. xx. of the tincture, the stools were frequently loose and greenish. Urine is considerably increased in quantity, and is acid in character.

One prover, who tested the drug in considerable doses,

was awoke several times during the night with a roaring in the ears. He compared the noise to that made by a partridge! To English readers this simile sounds absurd, but it must be remembered that the American partridge is a bird several times as large as the one bearing the same name amongst ourselves, and when perched on a rail in a cornfield makes a sound which is known in the United States as "a roar." By another prover the noise in the ears is likened to that made by cog-wheels. This symptom has suggested its use in catarrhal deafness, and in such cases it has obtained a considerable reputation as a remedy.

Such is a brief outline of the chief symptoms of ill-health produced by *Hydrastis*. The condition in which it is most useful—one to which it is most clearly homœopathic—is a low form of gastric catarrh, a chronic dyspepsia, where the mucus poured out is excessive in quantity and unhealthy in character.

Dr. Clifton, of Northampton, has very well described this dyspepsia in the *Homœopathic Review*, vol. xvii. p. 157, and from this paper the following account of it is drawn. The subject of this kind of dyspepsia has a languid, weary look, with a dull, heavy, yellowish-white complexion; the tongue is large, flabby, and slimy-looking; underneath the yellow, sticky fur the tongue is of a bluish-white colour, and its edges have the imprint of the teeth. The appetite is poor, and the power of digesting bread and vegetables is feeble, while the attempt to do so is followed by eructations, generally sour, and sometimes putrid. In the stomach is that faint, sinking feeling to which I have referred. There is also some pain along the course of the large intestine, with rumbling of flatus and *slight* diarrhœa of soft and loose stools. "But," Dr. Clifton adds, "as a rule the bowels are constipated, and the stools lumpy and covered with mucus, in cases indicating *Hydrastis*." He also refers to the dyspepsia met with in persons of a tubercular diathesis as one in which it is very frequently called for.

Hydrastis is regarded by some homœopathic physicians as a useful remedy in constipation arising from intestinal torpor—Dr. Bayes, Dr. Hughes, Dr. Bradshaw, and Dr. Yeldham amongst others. When such careful observers assert that practical experience in its use has convinced them of the remedial power of a drug in a given condition, one cannot doubt the reality of it. But there is nothing in the provings which have hitherto been made of it which

would lead one to think that it had an influence of this kind. Dr. Hale says, "The secondary effects of *Hydrastis* can be readily imagined, namely, an obstinate constipation from one of two conditions:—(1) A chronic, torpid mucous secretion from the intestinal canal, which retards its peristaltic action, and the natural advance of the fæces; (2) An unnatural dryness of the mucous surface, with hard, dry, knotty stools." "Imagined" effects of a remedy form, I think, a sorry basis for a prescription. Nevertheless upon this basis *Hydrastis* has been given in constipation. Dr. Hughes esteems it highly, and says, "It is in cases where the constipation stands alone, or is itself the cause of other existing ailments, that I find the *Hydrastis* so valuable." (*British Journal of Homœopathy*, vol. xxiii, p. 257.) In his "Manual of Pharmacodynamics" he writes, "I have tried various dilutions and modes of administration, but have found the best to consist in giving a drop of the mother tincture in water before breakfast, at first every day, and then at increasing intervals." On the same question the late Dr. Bayes writes: "In obstinate constipation tincture of *Hydrastis* 1x in two or three-drop doses in a wineglassful of water, is frequently curative. In three-drop doses of the mother tincture *Hydrastis* is a mild purgative. It has the advantage of giving tone at the same time." He adds this caution, which, from the observation of the action of this drug in other cases, I can fully endorse: "Its administration needs watching in these comparatively large doses, as, in very sensitive persons, it sometimes induces palpitation of the heart." It seems to me that it acts physiologically in these cases—*i.e.*, as Dr. Bayes hints, as a "mild aperient." It is, therefore, antipathic, and not homœopathic. For my own part, I think that the kind of cases referred to by Dr. Bayes and Dr. Hughes will generally present a "totality" of symptoms resembling those produced by *Sulphur*. Such, indeed, I have frequently seen recover under the influence of *Sulphur*.

"Cutting pain in the right hypochondrium" and "cutting pain in the upper right side of the abdomen" are the only symptoms hitherto observed among the effects of *Hydrastis* which point directly to its having an action on the liver. At the same time, we know that one of its alkaloids is *berberina*, the active principle of *Berberis*, a medicine which has a remarkably powerful influence upon this organ. From these symptoms Dr. Thomas, of Llandudno (*Homœopathic World*, November, 1882) derived the hint that *Hydrastis*

would relieve the agonising pain of gall stones. He wrote as follows:—

“I can at this present moment recall two instances of the treatment of gall stones by small doses of medicine—one of a patient suffering from diseased heart, and who also suffered from pains and symptoms indicating passage of gall stones. *Hydrastis* fluid extract, in drop doses, relieved the gall-stone agony quickly. A *post-mortem* showed the condition of the heart, and examining the gall duct and intestines two small pulverulent gall stones had passed the duct. Liver was healthy.

“The other case, a lady who had suffered for four years from gall stones. Her complexion was jaundiced, and pain, which was agonising (and accompanied with sickness and the other symptoms of gall stones), lasting forty-eight hours, spite of opium, chloroform, and other anæsthetics given to no purpose. But *Hydrastis* fluid extract (Tilden’s), given in drop doses, within five minutes relieved the patient, and in two hours she was free from pain. Five years have elapsed since this was given, and she has never suffered from gall stones since.”

I do not mention this as an illustration of the homœopathic action of *Hydrastis*. The experiments hitherto made with it are too scanty to enable us to determine whether it does or does not influence the contractile power of the gall duct. But I name it because if the inference Dr. Thomas has drawn is correct it is a most valuable one. Without it we are practically shut up to the use of narcotics and anæsthetics in such cases in order to enable a patient to endure the suffering inseparable from the passage of a gall stone, and also because, knowing Dr. Thomas to be a careful and discriminating practitioner, I believe that there is, so far, *à priori* reason for concluding that the medicine will accomplish the results which he attributes to it in the cases he mentions.

Like the majority of medicines having a decided action on the mucous surfaces, *Hydrastis* has an equally well marked influence on the skin. Thus, in the case of a lady aged 75, reported by Dr. Bayes, who took gtt. xx. of the tincture by mistake, an erysipelatous rash appeared, covering her face, neck, palms of the hands, and joints of fingers and wrists. On the third day the irritation of the skin was maddening. Similar symptoms persisted for four days, when desquamation occurred. In another woman, who used a tumblerful of the infusion in the course of five hours, as a wash and gargle for a sore mouth and throat, and applied a cloth over the mouth and chin, the following symptoms arose. “The mouth and lips and nose were much swollen, and pimples made their appearance during the day around the mouth and chin, resembling the early stage of small-pox or varioloid. On the next day they began vesicating.” The reporter of

the case says that he should have pronounced it small-pox had he not known the previous history of the case. The pustules began to sink in the centre and turn black on the fifth day, then commenced drying, and scaled off on the ninth day.

The first of these illustrations of the action of *Hydrastis* is, to my thinking, very like *Erythema nodosum*. The eruption was patchy, attacking the face, palms of the hands, and joints of the fingers and wrists. In the second place it shows the power of the drug to cause excessive irritability of the skin. Dr. Wilde, of Weston-super-Mare, reports in the *Hom. Review*, vol. xxiii. p. 278, two cases in which *Hydrastis* was being used, in one instance for the cure of a greatly hypertrophied breast, and in the other to relieve some boils—where eruption appeared. In the former case, five drops were being taken four times a day, and had been so used for two or three weeks, when an eruption appeared, which alarmed the family from its resemblance to small-pox. On seeing his patient Dr. Wilde found a number of small boils, at a distance of two or three inches apart, on the hands, arms, and shoulders. Some were in the papular stage, with an inflamed area, while others were just ready to discharge pus. The medicine was discontinued, and in four or five days the eruption ceased. In the second instance Dr. Wilde gave *Hydrastis* in a case where boils were coming out in successive crops. He gave, at first, *Belladonna* and *Hepar Sulphuris*, but fresh boils appearing, he ordered two drops of *Hydrastis* ϕ to be taken every three hours. The next day the boils were better, but the young woman was covered from head to foot with nettlerash. The day following the face became affected, and, through scratching, it had become much swollen, and the eyelids puffed. She described the irritation as itching, burning, and stinging. It affected all parts, and was worse at night. On discontinuing the *Hydrastis* both boils and nettlerash disappeared.

These symptoms confirm those observed in the second case; but do they afford any analogy to variola? We have an eruption like that of variola, it is true, but the fever, the pain in the back and limbs, characteristic concomitants thereof, are not there.

Dr. Garth Wilkinson says that *Hydrastis* "is a remedy which embraces something like a specific treatment for small-pox," but really gives no reason for the assertion. From the United States of America a few cases of this disease treated with *Hydrastis* have been reported (Hale's "New Remedies,"

second edition, p. 468), but beyond them we have no clinical evidence of its value here. In short, for the purpose of determining its therapeutic value in variola we have no evidence. In boils and some pustular eruptions, when the skin is a good deal inflamed, it is not unlikely that *Hydrastis* will prove useful. But you must use it cautiously, and certainly not in a stronger form than the 3rd decimal.

A great deal has been written, and opinions, diametrically opposite, have been expressed with the utmost confidence, on the value of *Hydrastis* in the treatment of cancer. That it is homœopathic to cancer, that it has produced symptoms in any way resembling those of cancer, there is no evidence whatever. Its use here is purely empirical, and, as is the case with all empirical remedies, it is impossible to say when it will prove useful and when of no avail. The late Dr. Bayes, who some years ago devoted a great deal of attention to the consideration of this subject, says, in his work on "Applied Homœopathy":—

"It has been asserted by some physicians that *Hydrastis* acts as a specific against cancer, but this appears to me to be doubtful. A much longer experience is required to prove this point. As to its beneficial influence in alleviating the pain and improving the character of cancerous ulcerations, we have abundant evidence."

Again, he says:—

"As a curative agent in cancer, my own personal experience leads me to infer that its healing influence is confined to its power to give healthy balance to the mucous surfaces and the glandular system."

This, after all, is a purely hypothetical; though at the same time by no means improbable, hypothesis; albeit we have no evidence of the power of *Hydrastis* to affect the glands. Dr. Bayes adds:—

"I have seen no good results from it in epithelial cancer. But I have seen cancerous tumours in the breast entirely disappear under the use of this remedy, which I have attributed to its powerful influence over the glandular system rather than to any antidotal power against cancer."

I quote these opinions of Dr. Bayes because they are those of a cautious and skilful observer.

The following case occurred to me ten or twelve years ago. A married but childless lady, about thirty years of age, consulted me one morning on account of a hard swelling in her left mamma. It was deep in the breast, larger than a pigeon's egg, but free; the nipple was retracted, and there was some pain. If ever I felt a scirrhus, that seemed to me

to be one. There was no glandular enlargement in the axilla, and the patient's health was fairly good. I thought it a case well suited for excision, told my patient as much, and advised her consulting Sir James Paget as to the propriety of an operation. This being declined, I proposed that for two or three weeks she should simply take some medicine. I accordingly ordered her a dose of *Hydrastis* ϕ three times a day. In a week or ten days she sent for me, saying that, while the breast felt better, she had so much faintness and palpitation that she was quite anxious about herself. I simply directed the medicine to be suspended for a week, and then gave her the 12th dilution of *Hydrastis*. This seemed to suit her well enough; at any rate, no cardiac symptoms returned; and within two months all hardness had disappeared from the breast, and the nipple was again prominent. She has since remained perfectly well. With such evidence as we have to guide us, and far from regarding *Hydrastis* as an infallible "cure for cancer," it does, I think, present itself as one of the most hopeful of remedies in scirrhus. In other forms of cancer I am not aware that it has been found to be of any service.

For the use of *Hydrastis* in ulceration of the extremities there is, from a homœopathic standpoint, some justification. Dr. Hastings (*Homœopathic Review*, vol. viii. p. 552) reports three very serious cases where it was given internally, and applied to the diseased part, with rapidly curative results. In one, amputation of the affected arm had been proposed at the hospital of the town; and, in a second, the thumb was the seat of disease, and that had been doomed to the same procedure before coming under the influence of *Hydrastis*. Dr. Hastings gave five minims of the pure tincture three times a day, and kept the sores wet with a lotion containing a drachm to twelve ounces of water.

Two or three "chance shots" have been made with *Hydrastis* which may be worth remembering.

Dr. Yeldham uses, with much satisfaction and success, an infusion of *Hydrastis* (one ounce of the root to a pint of water) in gonorrhœa.

Dr. Boyce, of Auburn, N.Y. (*British Journal of Homœopathy*, vol. xxvi. p. 504), relates the particulars of a very singular case of general nervous erethism, proceeding apparently from a prolapsed uterus, with congested cervix, in a married lady, twenty-five years of age, in which he gave the 1st dec. trituration of *Hydrastis* three times a day, and a

vaginal injection, containing a few drops of the tincture to a pint of water, three times a day. The patient had been under medical care, more or less, for four years. Dr. Boyce had fruitlessly endeavoured to benefit her for a year, and was apparently at his "wit's end" for a medicine, when, at a request for "something new," he bethought himself of *Hydrastis*. The relief she obtained was both rapid and permanent.

Dr. E. M. Hale states that in some cases of uterine hæmorrhage he has prescribed it with success, when medicines more generally supposed to be indicated had failed him. There have, however, been no provings of the drug of any value made on women, so that to point out the kind of cases of uterine hæmorrhage in which it will probably cure is impossible.

In the catarrhal dyspepsia to which it is homœopathic the 3x dilution given in drop doses will be a sufficient dose. In other cases, such as constipation, one or more drops of the tincture will be required. In cancer you must watch your patient, beginning with the 6th, and go gradually down to the pure tincture.

Tunbridge Wells, Feb. 11, 1884.

SCIATIC BLENNORRHAGIA — A. Brisson (*Th. de Paris*) says that in the course of blennorrhagia among men or women there may develop a sciatic neuralgia, which is, in the majority of cases, attributed to other causes than the blennorrhagia itself. The same is true of arthritis, hydrarthrosis, ophthalmia, and the other manifestations of blennorrhagic rheumatism; the urethral discharge alone is capable of producing them. This relation is demonstrated by— (1) Sciatica and blennorrhagia coexist too often in the same individual for this association to be referred to the hazard of chance. (2) Sciatica figures most commonly among the number of accidents due to urethral rheumatism. (3) It is observed to be redeveloped in successive attacks of urethral rheumatism. (4) In a series of rheumatisms of this order it alternates at times with manifestations of the same nature, but of a different location. (5) It disappears by anti-blennorrhagic treatment. (6) It appears in blennorrhagic patients with a group of symptoms which, in certain respects, differ from those of ordinary sciatica.—*Journal of Cutaneous and Venereal Diseases*.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq.

RANUNCULACEÆ (*continued*).

Helleborus viridis (Green Hellebore, Bear's-foot; found in thickets on chalky soil; comparatively scarce, but abundant where it occurs).—This, though not a showy flower, is, like all hellebores, a very elegant one, bearing yellowish-green *spreading* flowers, well worth gathering, not so large as the well-known Christmas rose (*Helleborus niger*). A short account of this plant will be found in Allen's *Materia Medica*. It produces, amongst other symptoms, the following: "Ringing and roaring in the ears, with feeling of stoppage; violent itching in the nose, with frequent and violent sneezing, from application to the parts; pricking on the tongue, relieved by rinsing with water. At first a profuse secretion of saliva and mucus in the mouth, soon followed by a feeling of dryness, and of warmth in the pharynx and stomach, which gradually becomes a dull burning. Abdomen sensitive and distended; profuse diarrhœa, with intense colic, and tenesmus; great nausea and inclination to vomit; violent headache and thirst. Condition bordering on torpor, lasting the whole night, and preventing refreshing sleep; heat at times over the whole body." I found this plant in great abundance about two years ago. It extended over a space of about a hundred square yards at the bottom of a wooded hill. I had never seen it growing wild before, and it was a sight worth seeing, especially to a botanist, and the pleasure experienced was intensified at that time by the fact that I was in need of a good quantity of the root.

Helleborus fetidus (Stinking Hellebore, Setterwort).—Found in similar situations to the foregoing (*Helleborus viridis*). These are the only two members of this genus indigenous to this country. The leaves of the stinking hellebore are said to have extraordinary powers as a remedy for worms. The root has an extremely fœtid smell and bitter taste, and is also very acrid, and if chewed will excoriate the mouth. It is purgative and emetic, and very injurious in large doses. According to the proving in Allen's *Homœopathic Materia Medica*, it produced "violent vomiting and purging, with pain in the stomach, soreness of the throat and mouth, colic, fatal convulsions and swooning; falling off of the hair and of the nails of the fingers and toes; peeling of the scarf-skin off the whole of the body;

restless sleep; profuse discharge from ulcerated surface by applying the drug; difficulty in reading in the evening by candlelight for four days."

Helleborus niger (Christmas Rose).—This well-known plant is not indigenous to Britain, but has been so long one of our garden favourites, and moreover is so well known as a homœopathic medicine of the first order—there being a good proving of the drug in Jahr's *Materia Medica*—that I have thought it advisable to mention it with English plants. The ancients esteemed this plant as a powerful *remedy in mania*. The proving of this drug on the healthy shows why it is good in certain forms of insanity. It *produces*, among other symptoms, *melancholy, taciturnity, excessive and almost mortal anguish, nostalgia*, or a vehement desire to revisit one's country, attended with melancholy, loss of appetite and sleep. The Swiss are much subject to this affection, as well as other mountaineers. The plant in question is a native of the mountainous parts, especially of Switzerland, Italy, etc. It also produces indolence, sobbing lamentation, obstinate silence, mistrust, stupidity, weakness of memory, etc. It is thus evident why this plant was used with success by the ancients, and why we also use it in these cases. It has been employed allopathically in the *present day* as a remedy for dropsy. According to the proving in Jahr it *produces* general dropsy, sudden watery swelling of the skin of the whole body, anasarca, especially after suppressed eruptions. It is one of the *most* homœopathic remedies to certain forms of dropsy. Allopaths use it because it does good, but knowing nothing of our law of cure, which guides us in the selection of a remedy, they know not why it cures, and therefore can only give it experimentally, and often improperly.

Aquilegia vulgaris (Columbine).—Found in woods and thickets, etc., chiefly on a calcareous soil. The wild plant is called *Aquilegia* from the shape of the nectaries, which are curved like the talons of an eagle. It should always be used for homœopathic tincture. This plant was formerly employed as a remedy for eruptions on the skin, for jaundice, scurvy, etc. It is very similar to *Secale cornutum* in its action in child-birth. It is used in Spain as a remedy for stone. Some mention is made of this drug in Dr. Peter's "Diseases of Females."

BRIEF CLINICAL NOTES, WITH REMARKS.

By DR. HARMAR SMITH.

(Continued from p. 85.)

CASE 7.—Chronic vomiting of long standing cured by *Ipecacuana*.

Mrs. J., æt. forty-two. Admitted May 9th. Has suffered from vomiting of food, with much retching, for two and a half years; food comes up directly, and tastes sour; the symptoms have been aggravated of late. Tongue furred in centre and red at edges. Tenderness on pressure at pit of stomach and hypochondria. Bowels relaxed three or four times daily. General debility. Menses regular. Urine high-coloured and depositing urates.

Ipec. 1x, a drop every two hours.

May 16.—Vomiting better, no return for four days; has never ceased for so long a period for two and a half years, except once when she had been terrified by a thunderstorm. Diarrhoea much less. Suffered from constant retching and vomiting on the day after beginning the medicine, evidently from medicinal aggravation.

Tinct. *Ipec.* 1x, three drops to 3, and take one or two drops for a dose.

June 9.—The vomiting has only returned twice since the last report, the second time this morning.

Continue *Ipec.* 1x.

July 8.—No return whatever of the vomiting since last report. There had been no cessation or intermission before for two and a half years, except the one referred to above. The vomiting had always occurred in a morning, sometimes several times a day. Before breakfast there was nausea and heaving of the chest, with very little discharge. Vomiting was not bilious but mucous. Tongue clean, and feels well in every respect. *Discharged cured.*

Remarks.—This was evidently a case of gastric catarrh, to which *Ipec.* appears to have a special homœopathic relation. Not many readers of the *Homœopathic World* will question that a case of vomiting cured by *Ipec.* is an exemplification of the principle that "like cures like," and therefore not give heed to the absurd allopathic hypothesis, that this remedy cures such cases by "a tonic action on the sympathetic nerve." This theory originated with a physician of the dominant school, who could not deny the fact that *Ipec.*

both causes sickness and cures it, and yet feared to face the legitimate deduction from this indubitable circumstance.

The case I have narrated proves how unsafe it may be to leave a case, even where there is no suspicion of organic disease, to the unaided action of the "*vis medicatrix nature*," according to the doctrine of the "expectant" school of therapeutists. For aught that appears to the contrary, my patient might have carried her complaint to the end of her life, if she had not met with a disciple of Hahnemann.

South View House, West Cliff, Ramsgate,
February 14th, 1884.

SANGUINARIA CANADENSIS.¹

By L. B. WELLS, M. D., Utica, N. Y.

THIS remedy has been used by the so-called regular physicians to a limited extent, but has been a leading remedy by the eclectic.

It has been used by members of the eclectic practice in the treatment of scarlet fever, and cases of sore throat like those peculiar to scarlet fever.

A physician in Onondaga County, known to the writer, acquired quite a reputation in the treatment of scarlet fever with small doses of the tincture, alternated with the tincture of *Capsicum*. Eight or ten doses in a tumbler of water, and teaspoonful doses, in alternation, were his favourite methods of treatment. His success was far superior to that of his neighbours of the regular school.

In headache it is a valuable remedy when used in accordance with the characteristic symptoms.

It has been termed the great American remedy for sick headache. A careful study of its pathogenesis will place it among the leading remedies for those affections, especially of a periodic character. It commences in the early morning, increases until noon, gradually subsiding until evening. Commences in the occiput, extends over the right side of the vertex and forehead, and over the right eye, often followed by vomiting. No less important are its relations to the respiratory organs. The cough is dry, with soreness in the

¹ Read before the Oneida County (N. Y.) Homœopathic Medical Society, and published in the *Hahnemannian Monthly*.

larynx and adjacent parts. It has been successfully used in croup.

The parents of the writer informed him that when a child a physician attending him gave him minute doses of the blood-root every few minutes through the night while suffering from croup.

A study of its provings confirms its relation to that disease.

Wheezing, whistling, metallic-sounding cough, with stridulous breathing. Dry cough, with tickling in the throat-pit or stomach, relieved by rising up in bed and passing of flatus upwards and downwards. Whooping-cough, with spasmodic action across the throat, worse at night, with diarrhoea.

It has also pains in the chest, nose, right side, and under the right shoulder-blade, with dry cough.

Relief from the above has been repeatedly experienced by the writer.

Cough, with pains in the chest and circumscribed redness of the cheeks. It is a valuable palliative in phthisis. In typhoid pneumonia, when the characteristic symptoms occur, it should not be neglected, it being more adapted to cases of that character than to those of a more inflammatory form.

Rheumatism.—From a study of its pathogenesis, it gives marked indications for its special relation to that disease. One special characteristic is, the pains are worse at night.

In lumbago and other rheumatic conditions, especially of a chronic character, it should receive attention.

That this drug has not received the careful study its importance demands, is evident from the fact that we rarely see it mentioned in our periodical literature.

Its relations to the throat indicate that it is not to be neglected in the treatment of diphtherias, as well as its general symptoms.

Polypus.—In 1850 a gentleman had obstruction of one nostril for many years by a polypus. *Sang.* 12 was taken morning and evening one week, and then once a day. The tumour diminished in size, and in six weeks it came away with no return of the trouble.

THE THERAPEUTIC DRINKING OF HOT WATER.

DR. EPHRAIM CUTTER (*Gaillard's Monthly*) gives the following instructions regarding the use of hot water as a therapeutic measure. The water must be hot (110° to 150° Fahr.), not cold or lukewarm. Sufficient water should be taken to keep the urine at the normal specific gravity (1015 to 1020). The quantity of hot water varies usually from one-half to one pint or one and a half pints at one time drinking. It may be taken at any time between two hours after a meal and one hour before the next meal. In drinking the hot water it should be sipped, and not drunk so fast as to distend the stomach and make it feel uncomfortable. As it promotes health, the procedure can be practised by well people throughout life. Not more than eight ounces should be drunk at a meal. This is in order to not unduly dilute the gastric juice or wash it out prematurely. The effects of drinking the hot water as indicated are the improved feelings of the patient. The author believes that the therapeutic drinking of hot water is the foundation for all treatment of chronic diseases.—*American Homoeopathist*, October, 1883.

THE MULLEIN PLANT.

In the report of the judges on drugs and pharmaceutical preparations which were recently in the Cork Exhibition, they state, in reference to the preparations of mullein (extracts and decoctions) which were exhibited, that they could not undertake to judge them or any similar articles whose chemical and physiological properties have not been investigated, or, at least, the qualities of which have not been empirically recognised by competent authorities. The mullein plant, or *Verbascum thapsus*, enjoys a reputation as a remedy for diseases of the respiratory organs; hence the name of cow's lungwort given to it. The order to which it belongs includes several plants having marked physiological properties; among others, the foxglove and the seeds of the mullein are said to stupefy fishes. Again, several other species of the genus *verbascum*—*e.g.*, *verbascum nigrum* (the black mullein), *verbascum blattaria* (the moth mullein), and *verbascum zernacha*—have properties which indicate the presence of some active principle in the genus; and on these grounds there may be some reason for the popular opinion about the medicinal qualities of the mullein plant.

ROSENBACH ON ALBUMINURIA.

UNDOUBTEDLY the author of this interesting article is correct in saying that the study of albuminuria will lead to important conclusions more readily if cases of a transitory and functional kind are selected for observation, than if those only in which there is lesion of the renal textures be studied. He has accordingly given the results of his observations upon cases of the former description under the following headings:—

(1.) *Coincidence of albuminuria with headache in individuals who constantly show signs of increased aortic pressure.*—He observed in four cases that during or immediately after attacks of severe headache there was distinct, though only very temporary, albuminuria. These individuals were plethoric but not very corpulent, and had suffered for years from periodic attacks of headache, which sometimes took the form of migraine, and sometimes of pure neuralgia, which lasted from twenty-four to thirty-six hours, and which were accompanied with complete loss of appetite and sleeplessness. The urine was copious, clear yellow, acid, specific gravity 1012-15, and showed distinctly the presence of albumen. There was no formed precipitate. The heart's action was strong, the left ventricle somewhat hypertrophied, the arteries full, and the blood pressure in them high. The very interesting observation was made that simultaneously with the cessation of the headache, or immediately thereafter, the albumen disappeared from the urine. This relation of headache and albuminuria, the author thinks, may be explained in the following ways:—(1) The headache and albuminuria may both be the result of an advance of the disease in the kidneys (all the symptoms pointing to cirrhosis), and the headache would then have to be regarded as the result of a slight uræmic attack. This, however, can hardly be the true explanation, as the amount of renal lesion can be but very slight in these cases. (2) We may suppose a sudden increase of the renal lesion producing an increased blood pressure, which might account for the headache and for the albuminuria. This supposition cannot, however, be entertained, for there is no such increase of blood pressure to be detected at the time of the headache above what there is at other times. (3) One may suppose that the headache produces an increased arterial pressure, and that that in turn leads to albuminuria. (4) The headache, albuminuria, and

hypertrophy of the heart may all be the result of a change in the condition of the blood, the increase of arterial pressure being caused by an increased difficulty in driving onward the blood stream.

(2.) *Intermittent albuminuria, of much longer duration than that already referred to, with cardiac hypertrophy and well-developed Panniculus adiposus.*—The three patients presenting these symptoms whom Rosenbach had an opportunity of observing complained much of palpitation and dyspnœa, which occurred frequently during a few days, and then left, to return again after some days' interval. The urine during the days on which these attacks occurred was increased in quantity, and contained much albumen, the coagulum standing in the test-tube one-third the height of the urine. The liver in each case was large and fatty. The whole symptoms of these cases pointed to cirrhosis of the kidneys. From those two sets of cases Rosenbach goes on to deduce certain general principles regarding cirrhosis of the kidneys. Into the details of his interesting arguments we have not space to go, and can only give his conclusions in a general way. The symptoms of that condition—hypertrophy of the heart, albuminuria, and polyuria—are not, he thinks, to be looked upon as the results of textural and functional changes in the kidneys, but as caused by a permanent increase of the blood, or a qualitative change in that fluid. He sees in the clinical picture of renal cirrhosis, not a genuine renal lesion, but a compensatory process, an increased activity of the organism, which leads first of all to over-action of the kidneys, and subsequently to their atrophy.

(3.) *Cases of transitory albuminuria apparently of a purely functional nature (hæmatogenic albuminuria of Bamberger).*—In several cases of accumulation of pus in the tissues Rosenbach observed albuminuria, and as it was possible from the symptoms to exclude disease of the kidneys, he concludes that the albumen was absorbed from the pus, and that the apparently pathological state of the urine was simply a compensatory process by which the organism freed itself from a qualitative change in the blood mixture by the help of its excreting organs.

The author has also observed cases of albuminuria without polyuria, in young persons, who exhibited signs of gastric disturbances. These individuals were anæmic, suffered from diarrhœa, vomiting, dyspepsia, etc., and they all recovered health under treatment. In such cases Rosenbach supposes

that as a result of changes in the body during the period of development, the blood either becomes overladen with the products of the destruction of albumen, or, in consequence of changes in the blood-preparing organs, loses its power of taking up albumen, or of combining what is taken up.—*Zeitschrift f. Klin. Med. and Ed. Clinical and Pathological Journal.*

POISONING BY CHLORATE OF POTASH.

PROFESSOR BOHN, of Königsberg, reports to the *Deutsche Med. Wochensch.*, August 15, a case of poisoning by chlorate of potash, which had been prescribed on account of vesical catarrh following gonorrhœa. The patient, a man aged forty-nine, was ordered to buy some of the salt at a druggist's, to dissolve a teaspoonful in a tumbler of water, and to take a tablespoonful of the solution every two hours. Instead of this, he was afterwards found to have dissolved a teaspoonful of the salt every two hours in a glass of water, and to have drunk the whole quantity each time, so that he had taken 60 grammes (2 oz.) in thirty-six hours. When seen by Dr. Bohn he was pale and collapsed, in a condition very suggestive of cholera, suffering greatly from pain over the stomach, and with suppression of urine. Soon afterwards, a feeling of numbness and formication in the hands and feet came on, causing great distress and restlessness. The small quantity of urine, about half an ounce, passed in twenty-four hours, contained a few blood-corpuscles, and was full of small brownish bodies and cylinders. Under the spectroscope it showed the absorption-band of methæmoglobin. Death occurred within two days, preceded by increasing collapse and some amount of icterus. The most distinctive appearance found at the necropsy was the brown colour of the spleen, liver, and kidneys, which did not pass off on exposure to the air, but persisted after some days. The uriniferous tubules of the kidneys were found to be filled with brownish masses, formed of bodies resembling red blood-corpuscles, but without their biconcavity. There was a stagnation of blood in the spleen and the medulla of the bones, and the blood-corpuscles were changed in character both there and in the heart, being shrunken and altered in contour. This case reminded Dr. Bohn of others, in which death was supposed to have occurred from diphtheria. He appends the histories

of two, in each of which large doses of chlorate of potash were given. He thinks the drug must no longer be sold as harmless, or be given in unlimited quantities into unprofessional hands.—*Alice Ker, M.D., in "Medical Record."*

DR. RICHARD HUGHES'S LECTURES IN BOSTON UNIVERSITY SCHOOL OF MEDICINE.

PROFESSOR TALBOT, Dean of Faculty, Boston University School of Medicine, has made arrangements with our eminent colleague, Dr. Richard Hughes, of Brighton, England, to deliver a course of lectures in Boston University next May. Some of our readers in, and within reach of, Boston (U.S.), will doubtless go to hear them, for they will certainly be classic dissertations: this is the programme:—

1. The Knowledge of Life.
2. The Knowledge of Health.
3. The Knowledge of Disease.
4. The Knowledge of Medicines.
5. Pyrexia and the Anti-Pyretics.
6. *Ibid.*
7. Rheumatism and the Anti-Rheumatics.
8. *Ibid.*
9. Cerebral Localisation and Drug Action.
10. *Ibid.*
11. *Ibid.*
12. The Future of Pharmacodynamics.

THE MORBID ANATOMY OF IODOFORM POISONING.

DR. A. HOEFFF (*Allgem. Med. Centr. Zeitung*) found, post-mortem, in four cases of death from iodoform poisoning, a condition of fatty degeneration of the heart, liver, and kidneys. The process was only beginning in some, but far advanced in others. The author then instituted a series of experiments upon rats, guinea-pigs, and rabbits, administering to them subcutaneous injections of iodoform in oily solution. In every case he found parenchymatous inflammation of the heart, liver, and kidneys.—*New York Medical Record.*

THE COMMON LUPIN AS A FODDER PLANT IN ORKNEY.

At a meeting of the Edinburgh Botanical Society, on January 10, the following letter was read from Dr. William Traill, Woodwick, St. Andrews:—"When taking a walk last September, about a mile to the eastward of the Manse of Sandwick, in the west mainland of Orkney, I was a good deal surprised to come upon a large quantity of the common blue lupin of our gardens—*Lupinus perennis*, I believe. About three acres of ground were quickly covered with it, but scattered plants extended to a much greater distance. The plants were two or three feet high, and most of them were covered with ripe seeds. The soil they grew in appeared a thin, yellowish loam, mixed with small, angular pieces of flagstone, and partially covered with tufts of heather. On inquiry I found that it was known that the plant had escaped from a garden in the neighbourhood a good many years ago. I observed that in parts where it had been long growing the tufts of heather had disappeared, and were replaced by a thin covering of grass. I understand that cattle are partial to this plant, and I observed a cow eagerly cropping it while I was there. I believe this is not the only instance of the lupin becoming naturalised in Scotland, but it appeared to me to be sufficiently interesting to bring to the notice of the Society, more especially as it seems to be a useful kind of fodder to introduce on waste ground, where hardly anything else will grow."

A DANGEROUS WEED

EVERYWHERE in Mexico one finds the poisonous weed toloachi, though it grows most thrifty in the tropical lowlands of the tierra caliente. It is a harmless-looking plant, much resembling northern milk-weed, and quite too dangerously common in a land where suspicion rules and jealousy amounts to madness. It does not kill, but immediately acts upon the brain, producing first violent insanity and then hopeless idiocy. A few drops of the tasteless fluid, mixed with milk or other food, does the diabolical work with inexorable certainty, and cannot be detected except in its effects. It is whispered that poor Carlotta had hardly landed at Vera Cruz, on her sorrowful mission to that country,

before it was administered to her, and her deplorable fate is cited as one among many instances. Of all the dangers in Mexico this is one of the most appalling. Any political enemy, jealous rival, or credo may thus revenge himself in a more fiendish manner than with the stiletto, and without fear of detection.

We take this from the *North British Daily Mail*, and we should be glad to receive further information about the "Dangerous Weed," and also some of the weed itself with its botanic name.

LITERATURE.

COUGH AND EXPECTORATION.¹

WE do not admire things foreign because they are outlandish, but certainly our Continental friends do do some things better than we Britishers. For instance, on the continent of Europe it is customary to send *two* copies of any given work to each of the various editors, one for the editor himself and one for the man who actually does the reviewing. We opine that Continental editors are wise in their generation. Now for the nonce we rather wish we were a Continental editor, for then Dr. Jennings Lee would have had to send us *two* copies of "Cough and Expectoration," and then we could have carried one copy in our bag and left one on our book-blessed consulting-room table. Of some of the books with which we are honoured to the extent of one copy for review we can truthfully affirm that said copy is not infrequently one too many for us; with Lee's "Cough and Expectoration" it is exactly the other way, for it is just the very book we wanted for daily repertorial work. We place "Allen's Index" first, then "Lippe's Repertory," then "Berridge's Eye Repertory," and now we add Lee's "Cough and Expectoration," and feel we are therapeutically stronger and better able to cure coughs than ever before.

The book before us is merely a *Repertorial Index* and no pharmacology or *Materia Medica*, and our feeling in having it is just this—To think *we* have the use of such a work without the trouble of writing it—for the mere labour of such a compilation is very great indeed.

¹ Cough and Expectorations: A Repertorial Index of their Symptoms. Edited by E. Jennings Lee, M.D., assisted by George H. Clark, M.D.

We trust the publishers have issued a large edition, as it is quite sure to sell, for such works are as the daily bread of the repertorially prescribing physician.

Lee on "Cough and Expectoration" is well got up, and is a little larger than Lippe's Repertory, the binder's cutter having mercifully spared the margins, for which we are grateful to said cutter.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

LONDON HOMŒOPATHIC HOSPITAL MEDICAL SCHOOL.

DEAR SIR,—I am instructed to acquaint you that at a meeting composed of the Board of Management of the Hospital, the members of the medical staff, and the lecturers (past and present) of the Medical School, held on the 3rd inst., to consider "The present position of the Medical School," the following recommendations to the Board of Management were agreed to:—

"1. That notwithstanding the provisions made by the Board for the continuance of the Medical School, the secretary should not apply for the payment of annual subscriptions due in January, 1884.

"2. That such subscriptions as are voluntarily sent in should be received.

"3. That the income arising from such subscriptions and from the invested funds should be expended in advertising the School, and in maintaining the Hahnemann Lecture, and in such other ways as the Board might see fit in furtherance of the work of the School.

"4. That some members of the medical staff of the hospital should be asked to undertake the duty of seeing inquirers and students at stated times, such arrangement being made public in every appropriate way.

"5. That the lecturers be invited to continue their services whenever a class is formed."

I am further to acquaint you that at the monthly meeting

of the Board of Management, on the 10th inst., the Board unanimously adopted the foregoing recommendations, and directed that they be carried into effect.

Very faithfully yours,
G. A. CROSS, Secretary.

London Homœopathic Hospital Medical School,
Great Ormond Street, Bloomsbury, W.C.,
16th January, 1884.

“M.D.” ON THE DEATH OF EARL GROSVENOR.

THE following letter lately appeared in the *Crewe Chronicle*. We republish it by request, but we think *individual* cases should never be dragged into medical polemics. But others contend that it is just such cases that should be seized hold of to compel the attention of the indifferent.

“Sir,—The sudden and early death of the above nobleman has aroused intense public feeling, and the question may be asked, Why is it that such a young life was not saved, where he had the advice of the most eminent allopathic medical men? This, sir, is a momentous question, and one which emphatically demands an answer. I have now been in the active practice of medicine for over the last twenty-five years, as a homœopath, and I fearlessly assert that, in my opinion, if the late Earl Grosvenor had been treated with skill, homœopathically, his life would have been conserved. Had he had, when he first complained of sore throat, etc., a warm bath, so as to have produced a copious perspiration, and ordered directly to bed, with a warm-water compress to his throat and a hot linseed-meal poultice to his chest, and given internally five drops of *Aconite*, in alternation with five drops of *Belladonna*, *second dilution*, every hour, the congestion in both the throat and chest would have been speedily arrested, and the earl become convalescent in a few days. I have treated hundreds of cases of congestion of the lungs, etc., in both young and old, and have never had a death therefrom. Should this no doubt astounding statement to an allopath be disputed, I shall readily give my name and address to any one who may dispute my statement, and he can write to the Registrar-General of Deaths, and inquire if Dr. H——, during the last twenty-five years, has ever returned to him a certificate of a death from congestion of the lungs. This, sir, is a fact, which the public should

be made to understand, and the only way of doing it is to publish it in the daily or weekly press. Hundreds are now mourning the deaths of relatives and friends, whose deaths might have been prevented by judicious treatment. What, sir, does it avail to know the diagnosis of a disease, if the medical attendants do not know the proper remedies to combat the disease? and the result of the treatment in the case of the late earl proves this, with an unfortunate demonstration. These may appear hard and illiberal statements; but, sir, when a man, after a quarter of a century's combat with disease, and who is soon about to lay down his arms, has found a rational and certain method of curing congestion of the lungs, it is his duty to his God, his fellow-creatures, and the profession of medicine, not to put his candle under a bushel, but to let it shine in order that all may, if they are not blinded by bigotry, see the light and walk in it.

"Ryde, Jan. 28, 1884."

"M.D., etc., etc."

THE RECENT MEDICAL MANIFESTO.

SIR,—At the close of my letter on the recently issued "Transactions of the Vaccination Inquiry" in the February number of your valuable and impartial journal, I am made to estimate the number of medical witnesses in England to the certainty of imparting or exciting disease at the point of the vaccinator's lancet at 1,800; this should be 18,000, as your readers will have discovered by the context. May I now venture to refer to another revelation of this medical manifesto, which is of scarcely less importance than the one referred to in my last communication? I allude to the answers sent by the 384 medical gentlemen in reply to the question, "What are your views regarding the protection afforded by vaccination against small-pox?" In the celebrated Report of the Small-pox and Vaccination Committee (Return 434), and upon which the present vaccine legislation is founded, it is boldly asserted, "on the concurrent and unanimous testimony of nearly 2,000 medical men, that vaccination is a perfectly safe and efficient prophylactic against small-pox," and that if properly done no danger is incurred, while inoculating the protective fluid, of imparting other diseases. The last promise I have already shown to be completely illusory. Is the former statement established on any less shadowy foundation? I think not. Three hun-

dred and eighty-four answers were also received to this inquiry by Dr. Makuna's Committee. The great majority of these, it is true, assert that vaccination affords protection, more or less complete, against small-pox, but respect for these opinions must be considerably modified when the explanations are given. Here are a few examples. "Arm-to-arm vaccination," says one, "is deteriorating, but calf-lymph protection is all but complete." Another, "When repeated operation is secured, protection is efficient." A third, "Vaccination affords temporary protection only." A fourth, "The evidence is so vague and contradictory as to be at least problematical." One avers that "it protects for a limited period, but not absolutely." Another maintains "it is a safeguard, but not a preventive," which is like saying that an umbrella is useful to keep away dogs but useless in a shower of rain; and another avers "that the protection is in direct ratio to the effect produced by vaccination," which may be interpreted that it protects when it protects—a safe and judicious answer, the witness evidently not wanting to be caught napping. One unhesitatingly says, "Protection questionable, and the risk great;" and another, "It is a scientific delusion, affording no protection whatever." In a considerable proportion the answers provide for any contingency, as with the one who says, "It is perfect when properly done and sufficiently often!" and while this gentleman does not condescend to say how often the rite should be performed, he is considerate enough to say that it should be obligatory "in all countries." In confirmation of the failure of vaccination to prevent or mitigate small-pox, another high medical authority, the *Lancet* for July 15th, 1871, referring to the then prevailing epidemic, says, "The deaths from small-pox have assumed the proportions of a plague. Over 10,000 lives have been sacrificed during the past year in England and Wales. In London, 5,641 deaths have occurred since Christmas. Of 9,392 patients in the London Small-pox Hospitals, no less than 6,854 had been vaccinated—i.e., nearly 73 per cent. Taking the mortality at $17\frac{1}{2}$ per cent. of those attacked, and the deaths this year in the whole country at 10,000, it will follow that more than 122,000 vaccinated persons have suffered from small-pox! This is an alarming state of things. Can we greatly wonder that the opponents of vaccination should point to such statistics as an evidence of the failure of the system? It is necessary to speak plainly on this important matter." Enough has

been cited to show the worse than hopeless confusion of medical opinion revealed by this latest medical inquiry, which appears to be the only one where evidence adverse to vaccination has not been either refused, as by the Select Committee of 1871, or suppressed, as by the chairman in the London four days' Calf-lymph Conference of the British Medical Association held in 1879-80. It may, however, be examined with much advantage by unprejudiced students of public-health questions in connection with Mr. William White's masterly analysis of the speeches of Sir Lyon Playfair and Sir Charles Dilke, recently issued by Allen, 4, Ave Maria Lane, London.

Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London,
February 17th, 1884.

LOCAL TREATMENT.

DEAR EDITOR,—Your warning¹ as to the danger of a mustard foot-bath in acute rheumatism comes none too soon. Many years ago I saw even two applications of hot flannels to the knee (in a case of this disease) followed by metastasis to the heart. I never allow the application of heat to an inflamed joint in acute rheumatism, even though temporary ease may be thereby obtained; the risk is too great. As for *medicinal* local applications, they are still more dangerous, for there is not only the risk of metastasis to a more vital organ, but of medicinal poisoning also. When will physicians learn not to thwart nature? Nature always endeavours to throw the disease to the skin or mucous membrane, where it can do the least amount of harm; and then the incompetent half-educated allopathic physician at once proceeds to apply local treatment, and so drive it to some other and more vital part. There is no such thing as a local disease; *all* diseases are constitutional from the first, though their primary manifestation may be local and not general. To treat any disease whatever by medicinal local applications is not only attended with great danger, but evinces a want of knowledge of pathology. HAHNEMANN most emphatically repudiated such treatment, which has no place in the therapeutics of a true homœopathician. Advo-

¹ "The Heart and its Work."

icates of local treatment should study Dr. R. R. Gregg's papers on this subject.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

LETTER FROM DR. POMPILI, OF ROME.

SIR,—The following letter has been addressed to me by a friend, touching the above conference:—

“Permit me, an old subscriber to the *Rivista*, to ask what sort or sect of homœopathists assembled at Rome on the above occasion. I did not attend the preliminary meeting, which was private, and where only medical men were admitted; but I was present at the public meeting, almost exclusively taken up by the President's address. Not being myself, however, a medical man, I do not venture to send you a summary of all that was said, but will only observe that I seemed, as it were, to have dropped down from the clouds to hear the President defend the use of purgatives and diuretics, and to hear him criticise the greatmaster, and ridicule Dr. Lippe. Of the first, he said he questioned the worth of his experiments with the 30th dilution on the healthy subject; of Dr. Lippe, he said he doubted his capacity to form a correct diagnosis, he, Dr. Lippe, having recorded a cure of peripneumonia in which cough was absent. In short, the President advocated and believed in ‘doctrines’ just the opposite of those taught and practised by the most distinguished homœopathists throughout the world. The tenor of his remarks appeared to me to cause pain and disgust rather than pleasure or profit; so much so, indeed, that a neighbour of mine, a lecturer on eloquence and Belles Lettres, asked in the best possible faith if the speaker was a homœopathist or an allopathist. Hoping that this kind of ‘progress’ may never have anything to do with Homœopathy,

“I remain, your devoted servant,

“L. A. F.”

The above hardly requires any comment, inasmuch as the fact or facts speak for themselves. But it is now too plain that in Italy also homœopathists do not hesitate to make public assertions thoroughly anti-Hahnemannian. Similar

"doctrines," it is true, have been for some time tacitly held and practised, but it would appear that they are now openly avowed and recommended as "scientific progress," and as such ought to take the place of a recognised theory.

I do not, however, feel disposed to say anything very decided, based on the words and impressions of a non-medical correspondent, and will reserve all I have to say till the proceedings of both the private and public meetings have been published. I may, however, just observe that the idea of forming an Italian Institution of Homœopathy originated with the late Dr. Dadea and myself, and that the labour of framing the rules and articles was exclusively our own. Their appearance was much delayed, simply because we both feared that Italy could not muster a sufficiently effective number of sound and true homœopathists who could further a really scientific work. Soon, however, after Dr. Dadea's decease, there were not wanting some who pushed themselves forward, whose self-esteem so far exceeded their love of truth that they not only appropriated to themselves the labour of others, but in a great measure changed and altered it, with the view, it would seem, of gaining over many so-called friends of Homœopathy. To this, however, I made no sort of opposition, hoping that better counsels would prevail; but on learning the nature of the changes and alteration made, and fearing the disastrous results that must inevitably ensue, I then with sincere regret refused to form part of the Preliminary Committee, and subsequently of having anything to do with the proposed Institution. Already the proceedings of the said Institution, as recorded above, fully justify my retirement. As regards pecuniary means, the Institution seems to be in a flourishing condition, but in a scientific point of view it seems to me to give promise of the worst possible results.

Every true and honest homœopathist will know what value to put on the blatant critics of the great Hahnemann, who talk of his decrepit age, his defective pathology, and of the imperfections of his *Materia Medica*. As regards our other great teacher, Dr. Lippe, I may observe that those who do not understand Hahnemann cannot understand Dr. Lippe.

Your obedient servant,

G. POMPILI,

Editor of the *Rivista Omeopatica*.

Rome, January, 1884.

DR. GREGG'S BOILED BLOOD EXPERIMENTS.

DEAR SIR,—In your last issue you noticed a paper by Dr. Gregg on bullock's blood boiled and rotted, with an intimation that the subject had been handed over for the consideration of a committee to report on the same. It may interest your readers to know that the report of the committee (consisting of D. S. Kellicott, Ph.D., F.R.M.S., Lee H. Smith, M.D., and Jacob Frank, M.D.) has been published in the *Microscope* for January, 1884, printed at Ann Arbor, Michigan, U.S., which, after fully exposing the fallacies and absurdities of Dr. Gregg's so-called investigations, ends as follows:—

“It must be apparent to any one having one grain of manipulative skill and only slight acquaintance with correct methods of microscopical investigation, that no reliance can be placed on such observations, and that all conclusions based on such may be dismissed without serious examination.

“What astonishes us is that such evidence should be put forth to controvert the teachings of the keenest investigators of the age, or any age.”

Yours truly,

H. T. THOMAS, M.D.

Llandudno, Feb. 7, 1884.

[This certainly appears to settle Dr. Gregg.—ED. H. W.]

WHERE CAN I GET HERNIARIA GLABRA?

SIR,—In your excellent journal for the current month I find a notice of what is to me a new medicine—viz., *Herniaria Glabra*. I have endeavoured to obtain this remedy at several homœopathic chemists' in the City without success. Can you give me the address of any London chemist who has the preparation in any form?

I enclose my name, but not for publication.

Yours obediently,

Highgate, January 25, 1884.

A.M.A.

[You should be able to get it of any good homœopathic chemist. Messrs. Heath and Co., of Ebury Street, advertised it in this journal last month.—ED. H. W.]

REPORTS OF INSTITUTIONS.

HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

THE annual meeting of the subscribers to this institution was held recently at the Home, West Cliff, the Right Hon. the Earl Cairns presiding, and amongst those also present being Admiral the Hon. George Grey, the Rev. F. E. Toyne, the Rev. R. Colman, the Rev. G. E. F. Masters, Dr. H. Nankivell, Dr. Frost, Dr. W. G. Hardy, and a number of ladies.

The meeting having been opened with the reading of a suitable portion of scripture, and with prayer by the Chaplain (the Rev. G. E. F. Masters),

The Treasurer (the Rev. R. Colman) presented the financial reports for the past year, observing that he was pleased to say the accounts were this year in a very satisfactory state. They commenced last year with a balance of £132 7s. 1d., and they had received during the year ending the 31st December on the general account, £472 19s. 8d., in subscriptions and donations; £159 7s. in patients' payments; £86 0s. 8d. interest on investments; the total receipts being £850 14s. 5d. The total expenditure had been £814 10s. 11d. (including an item of £368 towards the endowment fund), leaving a balance of £36 3s. 6d. The rev. gentleman remarked that it was with regret he had to mention among the items against them that of £3, which was entered as having been "stolen from the matron's bag." Such a thing had not occurred before, and he hoped would never occur again. On the enlargement fund, the donations and subscriptions amounted to £1,862, and this with £6 9s. 9d. (bank interest), made a total of £1,868 9s. 9d. The builders had been paid £850, and there was a balance at the bank of £1,018 0s. 8d. When the builders had been fully paid it was stated that there would be a small balance in hand. On the endowment fund a sum of £1,560 was invested, and on the furnishing fund account for new wing a donation of £11 11s. had been received. The Dispensary account showed an income of £127 17s. 11d., and a favourable balance of £13 2s. 6d. The balances on the several accounts were as follows:— Building account, £1,018 0s. 8d.; furniture, £11 11s.; home, £36 3s. 6d.; Dispensary, £13 2s. 6d.; endowment, £200; total, £1,278 17s. 8d.

The Hon. Secretary (Dr. Frost) then presented the report of the Committee, as follows:—

“To the Governors and Subscribers.

“On presenting to you the fifth annual report, it is with satisfaction your committee is able to state that the home, during the ten months it has been opened for the reception of patients, has been well filled. More than ever has the small number of beds, and the consequent refusal of so many applications for admission, convinced those interested in this institution that the time has long since come when the building is no longer equal to the demands made upon it. Forty-five patients have been under treatment during the past year, but many applicants for admission have necessarily been refused on account of limited accommodation.

“The year which has recently terminated has been one of considerable eventfulness in the history of the Hahnemann Convalescent Home. The intention to double the size of the home received an enormous impulse by the munificent donation of £1,000 to the building fund, by Mrs. Rowe. The donation was warmly seconded by the Countess Cairns, who threw such interest and zeal into the work that before the close of the year the building fund amounted to £1,863 9s. 9d. In the course of the summer the plans for the new wing were drawn up by Messrs. Creeke and Gifford, and the tender of Messrs. Jenkins and Son, amounting to £1,378, was accepted for the completion of the work, which has since progressed very satisfactorily. The late damp weather has somewhat delayed the plastering, and it will be impossible absolutely to complete the building till after the dismissal of the patients, which will take place this year one month earlier than usual.

“By the time the new wing is completed, and various additional expenses in connection with it have been met, there will be but a very small balance remaining from the building fund; and as furniture will be required for eighteen new beds, a new sitting-room, and a dining-room, it is earnestly hoped that the friends of the institution will make a strong effort to raise the £600 which will be wanted for this purpose.

“Another object gained by the enlargement of the building will be the preparation of the basement of the new wing for the service of the dispensary. The rooms will be excellently adapted for the purposes intended, and for the first

time in the history of the dispensary, which now extends over a period of fifteen years, the medical officers will possess all the advantages they require in the examination and treatment of their patients.

“A sum of £200 has been placed for permanent investment in the hands of the treasurer through the liberality of an anonymous friend.

“The finances of the home and dispensary at the close of the year present on the whole a pleasing aspect. A small credit balance of £13 2s. 6d. exists on the dispensary account, and on the housekeeping a credit balance of £36 3s. 6d.

“Since, however, for the future the working expenses of the home will be so much increased, the friends of this institute are earnestly requested to do all that is in their power to augment the number of subscriptions and donations.

(Signed) “GEORGE GREY, Chairman.”

Dr. Frost also read the Medical Report as follows:—

“To the Committee.

“Gentlemen,—During the year 1883 45 patients have been under treatment in the Hahnemann Convalescent Home. Of these 9 were in the house at the commencement of the year; 18 were admitted between this date and the summer closing; and again 18 more were admitted between the reopening of the home and the close of the year; 26 were women, and 19 men. Most of the cases were those of phthisis and bronchitis, though others were admitted suffering from ptosis with cerebral congestion, œsophageal stricture, injury to the spine, ague, and debility.

“The number of patients treated at the dispensary or at their own homes will sufficiently show how this part of the work is appreciated. The poor came in not only from the home district, but also from long distances around—Poole, Christchurch, Kinson, Ringwood, and Wimborne being well represented. There were remaining on books from 1882, 60; admitted during 1883, 750; total, 810. Of these, 62 were treated at their own homes, and 630 visits paid to them. There were 2,240 separate attendances at the dispensary. The following table will show the results of treatment:—Recovered, 290; relieved, 172; unimproved, 33; no report, 195; dead, 4; under treatment, 56; total, 750.

“The cases which died were: (1) woman, æt. 46 years, of bronchitis and Bright’s disease; (2) man, æt. 59 years,

of rheumatic gout; (3) man, æt. 32 years, of phthisis; (4) man, æt. 41 years, phthisis and bronchitis.

"It must be remembered that though there appears a large percentage under the head of 'No report,' we may safely infer that many were cured after one or two attendances.

"HERBERT NANKIVELL, M.D.

"WILLIAM G. HARDY, M.B.

"GEORGE FROST, L.R.C.P. Lon., M.R.C.S."

Earl Cairns said: It is my duty according to custom to ask you to express your approval of the report, and I feel a very great pleasure to-day in making that proposal, having regard to the contents of the report, and the circumstances under which we meet. The only drawback to our meeting I can think of is the unfavourable change of the weather, which I am afraid has prevented several of our friends from attending to-day who would otherwise have been here. In every other respect I think we meet under circumstances on which we can congratulate ourselves, and for which we should express our thanks to Almighty God. In previous years one of the greatest difficulties which I and others have always felt was the consideration that you had a home, a building, and a staff, all of which entailed certain fixed expenses, which could not be lowered, and that you had the whole of this machinery put in motion for a number of patients limited because of the size of the house, and which was very small in comparison with the expenditure and the trouble incurred. We were able to accommodate at one time only ten or twelve patients. It must be obvious to any one that it was one of the most expensive forms in which we could maintain such a hospital or home, because, as I have just said, there were certain establishment expenses which could not be lowered, but which would not be much increased by a larger number of patients. We have now entered on a different state of things, and I am glad to think that we have now in Bournemouth an institution which should be known, not only locally, but all over the country, as a hospital for convalescents—a hospital which will accommodate not ten or twelve patients as heretofore, but twenty-eight or thirty. Of course, there will be some increased expenditure for the additional number, but the expense per bed will be necessarily less in proportion than formerly. Another thing on which I think we may congratulate our-

selves is that this building was undertaken and erected without any debt having been incurred. Nothing can be wiser than the course taken, not to proceed until there was enough money in hand to meet the structural expenses. Those expenses have been mostly met by money actually paid in, but though we have no debt on any of our accounts, I hope those who have heard the interesting statement of our treasurer will not be misled into thinking that we have a superfluity of money in hand, such as will relieve us from the exertions necessary to meet the wants of the coming year. There were certain balances read to you, but they are not really "balances." It was said that there was a balance on the building account of £1,018—that is really the anticipated expenses of the builders. They have not been fully paid, and nearly the whole of that will be required for what are called structural expenses. Then, again, the endowment account. There is said to be a balance of £200, which means that that amount is ready to be invested. There are really only three small balances of £11 11s. on the furniture account, £36 on the Home account, and £13 on the Dispensary account. The society, it is true, is free from debt, but, on the other hand, we have no money to meet the expenses of the coming year. We only hope that all you who are subscribers will remain so, and that you will get your friends, now that we have a real hospital, worthy of the place, to come in and by their annual subscriptions share in the increased burden with those who have already subscribed. I don't think there is anything else to which I should refer. I hope that before we leave this home to-day we shall be favoured with a view of the new building, which I am sure will be very interesting. I can only express the pleasure I feel on hearing again and again, from various quarters, of the admirable way the home has been and is managed. I am sure when the time comes we shall express our thanks not only to the treasurer, secretary, and chaplain, for the trouble they have taken, but also to the very energetic matron whom we have at the head of the institution, and whose services have been so valuable in bringing the home into the admirable working condition in which we find it. With regard to the current expenses, I hope that those who hear me, and those who hear of this meeting, will think of another part of the question, viz., that £600 will be required for the furnishing and equipment of the new part of the building. We really have no money to set against

that—it will all have to be collected. I hope that every one who has it in his power to assist us will do so. I have only one other remark to make. It was rather a singular coincidence that the matron should have suggested to me as I came in this morning that an American organ would be much appreciated, for I came to the present meeting empowered to say on behalf of Lady Cairns that she desires to present an American organ to the institution. The matron must therefore consider that she had a prophetic presentiment of what was going to take place. I have now merely to propose to you that the report be adopted, printed, and circulated.

Dr. H. Nankivell seconded the proposition, and said that in looking back over the five years during which the home had been working they could find no report so satisfactory as the present one. They had always been in a water-logged condition when the end of the year came round, but the present was a much better year in every respect. Dr. Nankivell also referred with great pleasure to the increased accommodation now furnished in the home. They would now be able to attend to the dispensary work with greater convenience, and to provide greater comforts for the in-patients. In connection with the furnishing account of the new wing, he had, in addition to the donation mentioned by Mr. Colman, to acknowledge the receipt of a donation of £5 from Mr. John Farlow, per the Countess Cairns, and a further sum of £10 7s. 1d. collected by her ladyship, and also a sum of £86 from a few friends. He thought it would be a great thing if they could start the new wing in September, without debt and without a bazaar—two things which, if possible, they ought to avoid.

The report having been adopted, Admiral Grey proposed, and Dr. Hardy seconded, the re-election of Earl Cairns as president, and the motion was unanimously carried, and briefly acknowledged by the Chairman.

On the proposition of Dr. Drury, seconded by the Rev. G. E. F. Masters, the Rev. F. E. Toyne, the Rev. R. Colman, and Mr. J. Dominy were re-elected members of the committee, and on the proposition of the Rev. R. Colman, seconded by Dr. Hardy, Mr. E. L. Lane was re-elected auditor.

The Rev. F. E. Toyne then proposed, and Admiral Grey seconded, a vote of thanks to the officers of the institution for their services during the past year, and this was suitably

replied to by the Chaplain, who spoke of the great order, strict regularity, and economy exercised in the management of the home.

Dr. Nankivell proposed, and Admiral Grey seconded, a vote of thanks to Earl Cairns for presiding, and the proposition being unanimously adopted, his lordship briefly replied, remarking that he was sure the success of an establishment of this kind depended very greatly on the zeal, efficiency, Christian principle, and energy of those who were at the head of it. And their thanks, he thought, were really due to the Lady Superintendent, who had managed the institution with so much zeal, efficiency, and kindness; to the medical officers—upon whom rested the great responsibility of the physical welfare of the patients—to the chaplain, and to those who managed the finances of the institution.

The company then inspected the new wing which has been recently erected.

BRIGHTON HOMŒOPATHIC DISPENSARY,
29, MIDDLE STREET, BRIGHTON.

Report for 1884.

Medical Staff.—Consulting Physicians:—Henry R. Madden, M.D.; Richard Hughes, L.R.C.P., M.R.C.S. Honorary Medical Officers:—Frederick A. Sawtelle, M.D., L.S.A.; Charles Vidler Cay, M.D., M.R.C.S. Visiting Medical Officer:—R. H. Rean, M.R.C.S. Honorary Dentist:—W. R. Wood, jun., Esq. Dispenser and Collector: Mr. R. Walder, 6, Prince Albert Street, Brighton, Chemist.

The Committee of this Institution have great pleasure in calling the attention of its subscribers and supporters to the marked increase in the good work accomplished over many preceding years, the number of consultations at the dispensary amounting to no less than 11,955, and the visits paid to poor persons at their homes to 6,083, and the actual number of patients who have received medical assistance is 2,330.

In finance there has also been an increase in the amounts received—£373 16s. 8d. in 1883, as against £335 0s. 7d. in 1882, and the 1882 account included a legacy of £50, which was inadvertently placed among the subscriptions instead of being carried to "Legacy Account." The marked increase of the receipts under the head of "Tickets Sold" is the

strongest evidence of the increasing regard in which the dispensary is held and of its increasing usefulness. This year the dispensary has received from the Hospital Sunday Fund, £27 15s., and from the Military Tournament Fund, £5. It will be observed that there is a small balance in hand. This, however, would have been converted into a deficiency had the last quarter's salary of Dr. Sawtelle, while medical officer, been paid. In consequence of his resignation, without the requisite three months' notice, he forfeited his legal right to salary. Several changes have occurred during the past year in the medical staff. The committee have to regret the decease of Dr. Hilbers, consulting physician to the dispensary, and the resignation of Dr. Belcher, who has actively served it since 1868, and for whose work they desire to express their sincere acknowledgment. In April last a second visiting medical officer was appointed in the person of Mr. Ockenden, who had in former years acted in that capacity, and the town was divided between Dr. Sawtelle and himself. In October, Dr. Sawtelle resigned his charge of the Western District, and was afterwards made one of the honorary medical officers, Mr. Rean being provisionally appointed visiting medical officer in his place.

In July Mr. Walder placed in the hands of the committee his resignation of the honorary secretaryship of the institution, and also the care of the dispensing department. At the request of the committee he has continued to perform the latter duty until further arrangements should be made, but Mr. Fredk. S. Champion kindly undertook the office of honorary secretary.

The committee exceedingly regret having to refer to differences which have arisen in their body, and which have culminated in the unhappy attempt now being made to establish another homœopathic dispensary in the town. The facts are briefly these:—The large increase, both in the work and in the management of our institution, necessitated an inquiry into its working, with a view of considering if any improvement could be made in the management. A sub-committee was appointed for this purpose, but it soon appeared that radical differences of judgment existed amongst its members. These differences unfortunately found expression in the general meetings of the committee, preventing the harmonious management of the institution. At this juncture, the sub-committee not having agreed, or being likely to agree, upon a report, a special meeting of the

general committee was summoned. It was then decided by a large majority that the management of the institution should be entrusted to a smaller committee, which should also inquire into the changes necessary in our laws and mode of working, and that an investigation of its financial affairs should be conducted by a professional accountant, and the sub-committee previously appointed was dissolved. Pursuant to these resolutions the following gentlemen were appointed a managing committee, viz., Mr. Joseph Balfour, Mr. John Beal, Mr. Fredk. S. Champion, Mr. J. Dagg, Mr. F. J. Gilburd, Rev. William Harbour, Rev. Chas. Parnell, Mr. W. Pickett, and Mr. Richd. Walder, and Mr. Fredk. G. Clark, of Ship Street, Brighton, accountant, was instructed to make the financial investigation.

In consequence of this action, six members of the committee present at the meeting, including Dr. Hilbers and Dr. Belcher, resigned their places, and the resignation of a few others, who were not present, shortly followed. Their colleagues regret their loss, but are unable to see any justification for the step they have taken, the resolutions being unobjectionable in themselves, and carried in a constitutional manner.

The Management Committee have given the most anxious consideration to the affairs of the institution, and have considered the question of the future management thereof; and they are unanimously of opinion that the dispensary should be remodelled and that new rules and regulations should be adopted which, while interesting the greatest number of the friends of Homeopathy in its support, will put the management of the institution in the hands of a smaller committee, who should be elected at the annual meeting. With this view the honorary secretary, at their request, has prepared new rules and regulations, which the managing committee propose should be submitted to the present annual meeting, and the adoption of which they recommend.

The committee conclude by expressing a hope that all friends of Homeopathy will rally round the old institution, and, by increasing their subscriptions, extend its usefulness.

A DIFFERENCE WITH A DISTINCTION.—Alphonse Karr, talking of food adulteration, remarked, "It's very curious, isn't it? If I poison my grocer, the very lightest sentence will be hard labour for life; but if my grocer poisons me —ah, that's a different thing!—he is fined forty francs!"

ARREST OF DR. TANNER.—Dr. H. S. Tanner, the celebrated faster, was recently arrested in Jamestown, N. Y., on the charge of practising without being duly registered. The doctor holds a diploma from the Eclectic Medical Institute, endorsed by the United States Medical College (Eclectic) of New York city. This latter institution, it will be remembered, was recently declared by the court to be not legally chartered, the law under which it existed having been intended to embrace “scientific” institutions, and *not* medical colleges. This peculiar decision, we believe, leaves the State of New York without an eclectic college, and prevents any new eclectic physician from engaging in practice in that State, except *by permission* of an allopathic or homœopathic college, since all outside graduates must be endorsed by some State college before they can be registered. Dr. Tanner, it is said, will take the case into court, and make it a test question.—*Hahnemannian Monthly*.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

PROFESSIONAL ANNOUNCEMENTS.—With a view to facilitate business between our subscribers, we shall in future insert advertisements relating to practices (wanted or for dis-

posal), partnerships, assistants, etc.; or to books, instruments, etc., for disposal, at a nominal charge of 1s. for thirty words.

DR. HARMAR SMITH, Rainsgate.—We did *not* state that Dr. Percy Wilde was not a homœopath; we spoke of his *book*.

DR. USSHER, Wandsworth.—Your very interesting “Notes by the Way” are in type.

BOOKS AND JOURNALS
RECEIVED.

Uterine Therapeutics. By Henry Minton, A.M., M.D. New York: A. L. Chatterton. 1884.

Bibliothèque Homœopathique, No. 4.
Bulletin de la Société Mé-

dicale Homœopathique de France, Février, 1884, No. 9.

United States Medical Investigator, January 12 and 19, 1884.

Allgemeine Homœopatische Zeitung, Bd. 108, Nos. 3, 4, 5, 6.

Medical Counselor, January 1, 1884.

Vaccination Condemned by Medical Men. By E. W. Toye.

The Indo-European, Calcutta, January 2, 1884.

Calcutta Journal of Medicine, August, 1883.

Monthly Homœopathic Review, February 1, 1884.

Lateral Spinal Curvatures. By E. C. Franklin, M.D. St. Louis: F. N. Nixon. 1883.

St. Louis Clinical Review, No. 12, 1883.

Revue Homœopathique Belge.

Medical Tribune, Jan., 1884.

Medical Advance, Jan., 1884.

The Indian Review, containing the Cream of Current Literature. Calcutta, 1883.

(With thanks to the sender.)
British Journal of Homœopathy, January 1, 1884.

Therapeutic Gazette, Jan.

Cough and Expectoration: A Repertorial Index of their Symptoms. By E. Jennings Lee, M.D., assisted by G. H. Clark, M.D. New York: A. Chatterton. 1884.

The Zoophilist, No. 15.

El Criterio Médico, No. 24.

CORRESPONDENTS.

Communications received from Dr. Garth Wilkinson, London; Dr. Purdon, Croydon; Dr. Lade, Glasgow; Messrs. Richards and Co., Lon-

don; Dr. Goullon, Weimar, Germany; Mr. Collett, Calcutta; Dr. Chidley, Alexandra, Victoria, Australia; Professor Winterburn, New York; Dr. Harmar Smith, Ramsgate; Dr. Pope, Tunbridge Wells; Dr. Cooper, London; Dr. Berridge, London; Dr. Hastings, Ryde; Dr. Hughes, Brighton; Dr. Dunn, London; Dr. Frost, Bournemouth; Dr. Thomas, Llandudno; Dr. W. Dunn, Rawtenstall; Mr. W. A. Chatterton, Chicago, Ill.; T. Gilbert Bowick, Esq., Bedford; Dr. Ussher, Wandsworth; Mr. Alfred Heath, London; Dr. De Noé Walker, London; Dr. W. Morgan, Cardiff; Messrs. Gould and Son, London; Dr. Guinness, Oxford; Dr. Fischer, Sydney, New South Wales.

The Homœopathic World.

CONTENTS OF FEBRUARY NUMBER.

LEADING AND GENERAL ARTICLES:—

Editorial Chat.

Chenopodium—Effects of the Oil.

Cases Treated with the "Lower" and "Lowest" Medicinal Attenuations.

Italy: its Atmosphere and its Music.

On the Advisability of Local Measures in the Treatment of Disease.

British Medicinal Plants.

The Heart and its Work.

The Workers at Pittsburgh.

Brief Clinical Notes, with Remarks.

The Hahnemannian Oration, 1884.

LITERATURE:—

The Medical Annual and Practitioner's Index, 1883-4.

Dr. Burnett's "Curability of Cataract with Medicines."

CORRESPONDENCE:—

London Homœopathic Hospital and Medical School.

The British Homœopathic Pharmacopœia.

Mr. Tebb on a Recent Medical Manifesto.

Dr. Roth on the Dr. Bower and Mr. Keates Fund.

New Endowment Scheme at our Hospital. Poisoning by Bromine.

My Doctor.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE HOMŒOPATHIC WORLD.

APRIL 1, 1884.

THE DRY ROT OF MEDICAL SCIENCE.

WHILE imitation may be said to be the sincerest form of flattery, the pretendedly virtuous by their wrong acts, nevertheless, not infrequently discredit the really virtuous. As soon as Homœopathy, from its inherent worth, and through the efforts of eminent physicians devoted to science and humanity, had become a power with the people, the unclean quack, the self-advertising ignoramus, the nostrum-seller, fell to exploiting the public by putting on a pretendedly "homœopathic" garment. The most successful nostrum-seller who has made money by thus trading on public gullibility and ignorance is one Mattei, an Italian quack-doctor. This personage has a certain originality about his procedure; he is not content with simply puffing his quack-medicines and his own wondrous self in the comparatively honest tradesman-like fashion of old Holloway, the defunct pill-man, but this Mattei sneaks in upon medicine herself, more particularly upon homœopathic medicine, like the dry rot into our houses. He piles up his nostrums in a book, steals the name Homœopathy, and tacks on "electro" to it; his is a "refined," a "perfected" article. We blush to think that he has even succeeded in securing a few peculiarly-minded medical men—alas! that we should say it, mostly homœopathic practitioners—to carry his dirty skirts in the mire of quackery. There are some allopathic practitioners also who act as train-bearers to this pseudo-homœopathic nostrum-seller.

Of course, it is needless to say that Homœopathy has nothing to do with the quack Mattei any more than has allopathy with old Holloway the pill-man, whom a venal generation has belauded because he did not carry his ill-gotten gains with him! An illustrated representative

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weekly contemporary has brought likenesses of three worthies, Lister and Bowman, and—no?—yes, verily Holloway, the pill-and-ointment man! A lie is a lie under all circumstances but one, and that is when it is multiplied in print.

Quacks in medicine are like middens in a flower garden: it is not well to stir them about too much; but still we are bound to defend the fair name of Homœopathy by a very decided "Hands off" to nostrum-mongers and quacks in general, and especially to this Mattei, who is both quack-doctor and nostrum-monger in one.

RECOLLECTIONS OF A COUNTRY PHYSICIAN:
BEING THE TRIALS, TRIUMPHS, AND DISAPPOINTMENTS OF
PROFESSIONAL LIFE.

By GEORGE DUNN, M.D.

A PERFECT stranger, I settled in the year 1833 in a small town in the West Riding of Yorkshire. At that time it had less than 10,000 inhabitants, chiefly tradesmen, supplying the wants of the neighbouring farmers, a vast number of innkeepers, as it had the misfortune to be one of the famous racing towns in the kingdom, with a full complement of professional men, the doctors far outnumbering the other professions. It had two churches, two chapels, and a Friends' meeting-house, and as it was on the high road between York and London, thirty-two coaches passed to and fro daily. It had one weekly (I had nearly said *weakly*) newspaper, which Charles Dickens many years after designated in *Household Words* as the *Brocksop, Garringham, and Washby Standard*. It had only one sheet, which could not be called a broad one, containing the advertisements of the tradesmen and many of secret remedies, prominent amongst them being Page Woodcock's wind pills; the usual announcements of meetings, police reports, and local news. The town had a fairly good subscription library, and was proud of its one long street extending from the Racecourse or Town Moor to the bridge over the Don. I walked from one end to the other the day after my entry, but met no friendly or known face. I took lodgings at a gunsmith's in the High Street, and waited for patients, who did not come. In this flourishing state of affairs I took a house in the High Street, and not to hide my

name under a bushel, I placed a huge brass plate on my door. The inhabitants seeing this brazen image, did not fall down and worship it as I expected they would, and for a long time—I think several weeks—I waited in vain for a victim. My first patient, who lived in a village five miles off, was, of course, one who laboured under an incurable malady, and had tried all the doctors and wizards in the neighbourhood. He fared worse under my treatment than under any other, as he died. But, strange to say, I fared better than my colleagues, as the family got his club money, and I got my bill. I then added to my *clientèle*, and a surgeon, whose acquaintance I made, wishing to retire, living a few miles off, kindly introduced me to one of the county families, and I crept slowly, very slowly, into practice. I invested in a horse and gig. One day I was about stepping into my gig to go a long journey, when I was accosted by a farmer, who rode up to me and said, "Doctor, if yo'r not in a 'urry, I'd like to speak to yo'." I bid my boy take the farmer's horse, and bid the latter walk in, when the following dialogue took place:—"I hear that yo'r vary clever at limbs." I replied that I didn't know it. "Oh, but John Styles told me that yo' were vary clever at limbs, and I've got a daughter 'as lost t'use of her limbs for two years and a hafe, and if yo' can do her ony good, for God's sake come and do it." I said that I would drive over the following day, which I accordingly did. I found a girl about seventeen or eighteen years of age, in bed, and unable to move her lower extremities, and having no feeling in them. I examined her very carefully, and got the history of her case. I was told that she had been to Leeds Infirmary one winter, and the following one to Sheffield Infirmary, returning each spring worse and worse. She had been bled, blistered, burnt with moxas, and the actual cautery. After getting all the information I could, I joined the father, and the following ever to be remembered dialogue took place:—"Well, doctor, what do yo' think o' my lass?" I replied that it was a very serious case, and I would think it over, and when I had done so, I would drive over again, and probably I should require to stay all night. "All right," he said, "we've plenty o' beds; and I'll tell yo' what, doctor, if yo' cure yon lass, it'll be such a feather i' yo'r cap as you'll ne'er shak' out as long as yo' live." And he added that his kind landlord was going to take her in his carriage to London for further advice (there were no railroads in

those days). He then asked me if he should send for the medicine. I said no, that I must have time to think over the case, and I drove home, and my readers will readily imagine that I had Miss Smith on the brain from that moment. Well, I felt that my fortune would be made or marred by this first serious case that I had been called to, and I ran over in my mind all the cases I had seen treated in the hospitals of Edinburgh, London, Paris, and Dublin. I could find nothing like it. Then I ran over all the drugs which would be likely to be useful, and it was not until the third day after studying the case, and whilst walking on the canal bank fifteen miles from my home, when I exclaimed, "I have it!" and I ran to the inn for my horse, and, I fear, pressed the poor brute too hard, and getting home at dinner-time, I did not stop, but got a horse and gig from the Royal Hotel, and went dinnerless to my patient. The farmer was standing at the gate (no doubt the "Wishing Gate" to him). I said that I had come to stay all night. "I'm glad to hear it, as we thought you long, and I'll have your horse cared for." I then went to my patient's room, and gave her a dose, begging the mother to let me know if her daughter had any feeling in her legs. "Why," she said, "yo' don't expect that'll give her ony feeling, do yo'?" Shoo's ta'en as much physic as would float a ship." I then joined the father, who, with a very anxious face, said, "Nah, doctor, do yo' think yo' can do ony good to my poor lass?" I replied that we should know in a few minutes, and he again repeated about the feather in my cap. In about a quarter of an hour Mrs. Smith appeared in a frightened state, and said, "My douter can't keep her legs still." I jumped up, and said, "Smith, your daughter is cured." "Nay," he said, "I'll not believe it." But so it was. We all ran upstairs, and sure enough, the poor girl's lower limbs were in strong convulsions (an over-dose). I gave her some brandy and water, which soon put the limbs to rest, and she was completely cured. She is now, or was a short time ago, living at Ferrybridge, married, and has a large family. I felt proud of the case, and the farmer was right in saying that it was a feather I should never shake out of my cap. I never did, and from that day a living was secured me. The farmer gave me ten guineas for my dose, and I went on my way rejoicing. In this short retrospect of striking cases I shall only narrate those that living members of the families can verify, as it is very probable that I shall be accused of

exaggeration, but every word I put on paper, whether it be in my favour or the reverse, shall be the truth.

Soon after this striking cure, a hardworking, sincere, and zealous clergyman from the north, ministering in a large and poor parish, being blessed, like Mr. Quiverfull, with his quiver full and his purse very scantily furnished, came one hundred miles to consult me. He had been under treatment some months, and as he thought himself in a dying state, some kind soul recommended him to obtain leave of absence from the Bishop of Durham, and go to Yorkshire and put himself under my care. He presented himself one forenoon, and as he came from such a long distance I was put on my mettle, and examined him thoroughly, to find—what does the reader think?—that there was nothing at all the matter with him. In great anxiety he asked me if I thought that there was any chance for him, adding, at the same time, that I need not fear to tell him the truth, as he had given up all hope of recovery. I put on a very grave face, and said that if he would obey my injunctions to the letter, I could give him the assurance of a perfect cure. As I was a country apothecary and dispensed my own medicines, he asked me if he should wait for the medicine, and to his great surprise and pain, I replied that I could not make his medicine that day, but if he would call at the same hour on the morrow I would have the medicine prepared. He then asked me if I was sure he would live till the next morning. I assured him of that, but he begged hard to have the medicine that day, which was impossible, seeing that I hadn't got it. He reluctantly left me, saying that he would call the next day. When I had finished my work I went to a toy-shop and bought two battledores and some shuttlecocks, and on his presenting himself on the following morning, I begged him not to let the shuttlecock fall, but to send it back several times. He put his hand to his chest, and said what he felt, but I kept him at the game an hour, and then bidding him good morning, I hurried off to my work, leaving him very much better, and very much astonished at my strange behaviour. I made him promise to return every morning, which he did for a parson's fortnight, when I dismissed him cured. On my patient's return to his parish, so enamoured was he with the game of battledore and shuttlecock, that he would have all his friends play with him, and some thought he had, as they say in the north, "a tile off." This worthy gentleman is now the esteemed Rector of Boldon, is eighty-

two years of age, and in good health. The above cases show the necessity of accurate diagnosis, which, I am pleased to think, is now so much insisted on in the schools.

The next group of cases may appear to cast censure on some of my colleagues, but it is far from my intention to do so; I shall merely state facts, and if those facts are to my credit, I cannot help it. I have said that from the kindness of a medical friend I was introduced to my first aristocratic patient, who had also a small estate at Mold, in Wales. I received a letter one morning stating that the family was returning home, and Mr. P. D. C. would be glad if I would meet them on their arrival, which, of course, I was very glad to do. They all—parents, children, and servants—duly arrived about 3 p.m. After the first warm greeting, my patient, the kindest and most liberal of men, visited all the servants, and on going to the stables, inquired for a boy of the name of Levick. The groom said that he was in bed ill, on which Mr. C. immediately ran up and found the boy delirious, and only roused with difficulty to recognise his master, who came to me in great distress to tell me that young Levick was very ill, and that the doctor he had applied to had not seen him for three days, and he begged me to go and see the youth. I asked him to send for the doctor, that we might see him together. This he declined to do, and placed the youth under my care. I then saw the boy, and found him suffering from typhoid fever. I immediately ran to Mr. C., and entreated him not to unpack the carriages, as the boy had typhoid fever, and I feared it would not be an isolated case. Both he and his lady scouted the idea, and after listening to what I had to say, they both told me that they were determined to remain, and I was to say no more about returning. I then asked to be exonerated from all blame should the fever attack, as I feared it would, Mr. C. or any of the family. I was thanked for my disinterestedness, and I attended the boy, who recovered. One of the sons, named Willie, took the fever, then James, and lastly Mr. C. himself. All, however, happily recovered. This is not at all singular, but what is singular is that the gamekeeper and several others on the estate died, and *not one* got better that was attended by other medical men. This is the truth, and should any one doubt it the present owner of the estate can set the matter at rest.

Then I was startled by the splendid cures that Dieffenbach was making in strabismus, talipes, etc., etc., and I went to

Germany for instruction, and returned, finding plenty to do in this new field of practice. I had patients from all parts of Yorkshire and Lincolnshire; I had very hard work, for although it is easy enough to cut a tendon, it is not so easy to cure an old-standing case. I frequently repented of my confidence, but I succeeded in all cases, cost what labour it might. The cases of strabismus were legion, and a gentleman of the town threw off and published a *jeu d'esprit* in these words:

“ True, Dr. Dunn, you liberate the eye,
By fun or fortune placed awry ;
But we in vain your lancet craft bespeak,
If once the moral sense is left oblique.
Henceforward, indebted to men like you,
The world will look straightforward, honest, true ;
But the mind's eye, Horatio, baffles skill,
If once that organ squints it always will.”—G. M.

The operation for squint or strabismus is one very easy, and not painful, but it must not be supposed that it has anything to do with the oculists or ophthalmic science. It is purely mechanical, but a very neat operation, which cures a very ugly deformity. I remember one case of cure which I pride myself upon. The daughter of a patient of mine married and went to reside with her husband at Nottingham. She asked me to recommend her a doctor, but I only knew one name, and that was Mr. Higginbotham, who, whilst I was dressing for the late Sir William Lawrence at St. Bartholomew's Hospital, published in the *Lancet* his method of cure of inflamed glands by nitrate of silver, it was true, but without much success. This lady bore a female child, which had what is called ophthalmia neonatorum, and Mr. H. applied caustic very freely—so freely, indeed, that all the child's beautiful lace frocks were spoilt; but what was worse, the child became quite blind, and as soon as Mr. H. told the mother this, she started with her infant by first train to the town where I resided, and came to her father's. Mild means put the child perfectly well in a fortnight or three weeks, and there was not a speck on either cornea. I desired the mother to call on her doctor and show the baby, which she did.

I will record one case of talipes to show that appearances are deceitful. One market day a Mr. and Mrs. Walton, from Lincolnshire, brought their two daughters, both having club feet of the worst description; fortunately they were young, one being ten, the other thirteen years of age. After

carefully examining them I said I could cure them if Mrs. Walton could remain with them and see my orders obeyed; she agreed to do so, but said they could not come before the harvest was over, which would be in six or seven weeks. I said very well, but in the meantime the children were not to run about, but have their feet rubbed with oil and worked every day as I directed. This was agreed to, and they took their leave promising to come after harvest. On their driving home this dialogue took place: "I'll tell thee what, my lad, if that man's the only one that can put our bairns' feet right I think we'd better bring them soon, for he doesn't look as if he'd live six weeks." "Well, does thou know, I've been thinking so mysen', and we'll bring them back on Monday and manage weet harvest the best way we can." So on Monday, to my great surprise, Mrs. Walton presented herself with the two daughters, and by way of apology she said, "You know, doctor, you said that the sooner the operation was performed the better, so we thought we'd come at once and manage about the harvest without me." I said I was very glad, got them lodgings, and operated the following day, which I had fixed to operate on a young lady from Pontefract. I operated on the three the following day, and to show how painless is the operation, not one of the three made the slightest exclamation; they were all cured, and then Mrs. Walton ventured to tell me what had made them decide to come before harvest. This is forty years since, so appearances are deceitful. I met the jolly farmer at a patient's house a few years after, when he told me that "our Annie is the best dancer i' t' skuil."

About this time (the year 1840—I forget the exact date) a most momentous fact occurred, influencing my future life and practice. A lady (Mrs. Lewis) brought a ladies' school from Huddersfield to Doncaster, and asked her upholsterer which doctor treated his patients the *mildest*, with little medicine, and he replied "Why, Dr. Dunn gives no medicine at all, only a few drops." I had been taken to task by the doctors on my first prescribing steel drops for a patient, as they said I was going to ruin the profession, as it was the custom of the doctors to send six powders and a six-ounce mixture to their patients daily. I scarcely understood the gentleman, but he gave me to understand that to be paid fair remuneration for their attendance it was requisite. I replied that I intended to charge for my visits, on which he said, "Nobody will pay you." I said we should see about

that. "But," added he "in the meantime you will ruin the profession." Mrs. Lewis sent for me to attend her sister, in the last stage of phthisis, and narrowly watched me. She asked me what was the matter with her sister, and I replied she must long have been aware of her sister's ailment, which I regretted to say was past human aid. She asked if I should send any medicine. I said no; perhaps some effervescing saline, if the hectic fever ran high in the evening, might give temporary relief. On going the following day Mrs. Lewis said, "I wonder, doctor, that you are not a homœopath, as you have no faith in old physic." I said, "Oh, I was in Paris when Louis Philippe asked Andral to examine into the system and report, which he did, to *his disgrace*." It led to Mrs. Lewis lending me books, and introducing me to the late Dr. Chapman, and I went over to Liverpool, and saw sufficient to convince me that the system deserved cautious trial. I returned to give it that trial, and was astonished at the results. But it was not all honey. I was then making six hundred a year, but when my patients got only tasteless powders they quietly dropped me, and from six hundred my practice sank to two hundred. As this looked very much like ruin, and as we were increasing in family, my wife and her family became alarmed, and asked me what I intended to do. I was sorely perplexed, but when asked to go to the old system, I replied I would not, nor could not, for it was impossible to go from Christianity to Paganism. The day after the family consultation I was sent for to attend the only daughter of the only remaining rich patient. The anxious parents, on learning that their daughter was suffering from gastric fever, were very much alarmed, and on going the following morning the father came out with me and said, "Doctor, are you treating my daughter homœopathically?" I said "Yes," expecting to be dismissed, but he replied, "Well, we have great confidence in you, and you must promise that if you find the new system does not speedily answer, you will revert to the old, which you do know." I promised that I would, and happily the loved daughter got well. This was low water; the tide then turned, and I gradually got my practice back, and have much reason to thank Mrs. Lewis, Dr. Chapman, and Mr. Blagden. In considering my former practice, I found out, like Molière's "Bourgeois Gentilhomme," who had been speaking prose all his life without knowing it, that

I had been practising Homoeopathy—witness Miss Smith's case and the fever cases at Owston—without knowing it.

In due time I got a lucrative practice, and did a great amount of work. A few years after this the Great Northern Railway removed their plant from Boston to the town in which I resided, and from 10,000 the population sprang up to 20,000, and the necessity for a hospital, which had been mooted for fifteen years, now became an imperative one. It would not serve any good purpose to tell how this was accomplished, but it finally devolved upon me to build one, and I insert here one of the annual reports, that for 1864, which will speak for itself.

(*To be continued.*)

VALUE OF THE EUCALYPTUS.

It appears that wherever there is surplus moisture a large eucalyptus will prove of great service, and a group of them will dispose of a vast amount of house sewerage. But where there is water which it is not desirable to exhaust, as in a good well, it will be wise to put the eucalyptus very far away. The owner of Bay Island Farm, Alameda county, recently found a curious root formation of the eucalyptus in the bottom of his well, about sixteen feet below the surface. The trees to which the roots belong stand fifty feet from the well. Two shoots pierced through the brick wall of the well, and sending off millions of fibres, formed a dense mat that completely covered the bottom of the well. Most of these fibres are no larger than threads, and are so woven and intertwined as to form a mat as impenetrable and strong as though regularly woven in a loom. The mat, when first taken out of the well, was water-soaked, and covered with mud, and nearly all that a man could lift, but, when dry, it was nearly as soft to touch as wool, and weighed only a few ounces. This is an excellent illustration of the way in which the eucalyptus absorbs moisture, its roots going so far as to find water, pushing themselves through a brick wall, and then developing enormously after the water is reached. It is thought that one of the causes of the drying-up of wells is the insatiable thirst of these vegetable monsters.—*Times*.

CLINICAL CASES, ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

CASE 7.—*Spigelia in Deafness*.—1876, November 22.—Mr. E., æt. 45, caught cold thirteen days ago from riding outside an omnibus after coming out of a hot room, the cold wind blowing on the right side of his face. Since then has had deafness of right ear, with singing in it. Feels as if two fingers were pressing in ears towards each other. The deafness is worse while eating or speaking, momentarily relieved by boring the finger into ear. The ear feels as if it were stopped up. Can hear near sounds better than distant ones. Has taken low potencies of *Dulc.* and *Puls.* (selected according to one of the present-day deceptive works on domestic Homœopathy), but without result.

Diagnosis of Remedy.—Deafness while eating, *Carbon-s.* (left), *Silic.*, *Spigel.*, *Sulph.* Deafness relieved by boring with the finger, *Phosph.*, *Spigel.* This reduces the number of remedies to *Spigel.* The deafness of the right ear with singing in it is not found as yet under *Spigel.*, but it is too vague a symptom to be characteristic; *Spigel.* has deafness of ears, or of left ear, and also other sounds, such as roaring, whizzing, etc., etc., in ears. It has also "ears closed in evening, as if something were lying in front of drum, which seems contracted." "The ears seem stopped, even when he is not listening or not talking," and "closure of the ears as with a finger, in open air, when the wind blows into them." The increase of deafness when speaking, and especially the loss of hearing for distant sounds, have not yet been recorded in the *Materia Medica*. I accordingly gave him a dose of *Spigel.* CM (Swan) three times a day.

November 25.—Says that about one hour after the first dose, the hearing very much improved. He is now much better altogether; decidedly less singing in ear; pressing-in very much less, at times quite absent, ear does not feel stopped up; can hear distant sounds well. Interior of both ears feels painful; some deafness for about an hour after waking. *Stop medicine.*

1877, October.—Reports that he soon perfectly recovered, and has remained so.

Comments.—(1) The late Mr. Skey once told me that on asking advice from a colleague concerning his deafness, the

reply was "Don't go to an aurist;" and this advice, though coming from an allopath, nevertheless embodied a great truth. In surgical operations, and even in diagnosis of obscure diseases, specialities may be to a certain extent necessary; but in medical treatment they are utterly useless and misleading. A medical specialist, from the very fact of his being a specialist, gradually acquires the habit of committing two fatal errors; first he assumes that every patient who consults him must be afflicted with the disease for the treatment of which he thinks he has a reputation; and, secondly, he considers the organ, or tissue, which he supposes (rightly or wrongly) to be diseased, is the one thing to be treated: hence he pays little or no attention to constitutional symptoms, but relies chiefly on local treatment, of all treatment the most pernicious. From half-educated allopaths, ignorant as they are of the simple but true pathology of all morbid action as taught by HAHNEMANN and his followers, nothing better can be expected; but no true homœopathician will ever fall into such a snare as specialism. A true Hahnemannian is equally *au fait* in the homœopathic treatment of every form of disease, and treats them all strictly and exclusively according to the rules laid down in the *Organon*.

(2) In the above case the conditions formed the keynote, or starting-point for the selection of the remedy. This method has been ridiculed by a professed homœopathic physician and teacher, who sneeringly compares it to attaching greater value to an adjective than to a substantive. Sneers are cheap; but it seems never to have occurred to him that his comparison is accurate in a way he never intended. Were a stranger wishing to consult him to address a letter to "Dr. —, England," it would stand small chance of ever reaching its destination; but if he addressed it "Dr. — (Homœopath), England," it would reach him with but little delay, as there happens to be no other professed homœopath of his name in England. In this case I think he would say that the adjective was of very considerable distinctive importance. In cases where the character of the symptoms is vague, the conditions are all-important in the selection of the remedy.

(3) The case also illustrates the fallacy of routine treatment. *Dulc.* given probably because the deafness arose from a "cold," and *Puls.* because it is "good for earache" utterly failed. A routine physician of the pseudo-homœopathic school would perhaps have given *Acon.*, because the attack

was caused by "dry cold air." But though *Acon.* is one of the most valuable remedies for this condition, it must never be prescribed without reference to the totality of the symptoms, any more than it must be prescribed whenever there is "fever," as so many routinists, both in and out of the profession, do. In Bœnninghausen's Pocket-book, under the rubric "Aggravation by wind," *Spigel.* is given only in the fourth rank; nevertheless, as the totality of the symptoms indicated this remedy as the *simillimum*, it was given, with the result of producing a rapid, complete, and permanent cure. The differentiation of medicines producing the same symptom, by means of different type denoting their relative importance, is of great value, and indeed, as HAHNENMANN said, requisite, for it often will decide the choice between two or more allied remedies. Yet it must not be forgotten that such distinctions are more or less arbitrary; they are comparative not positive. The totality of the symptoms is always what we must primarily aim at in our prescriptions.

TEST FOR BACTERIA IN WATER.

BRAUTLECHT has made known a very ingenious method of testing for bacteria in drinking-water. He makes a solution of *Sulphate of Alumina*, one part; *Hydrochloric Acid*, one part; distilled water, eight parts. Five drops of this solution are added to the water to be examined, and then three drops of liquid ammonia. The precipitate produced is collected upon a very small smooth filter, from which it is detached and dissolved in about ten drops of *Acetic Acid*. This solution, in which the bacteria are thus concentrated into a small space, is passed under the microscope, and the forms of the micro-organisms can if necessary be detected by tinting them with methyle violet.—*Journal of Medicine and Dosi-metric Therapeutics.*

A GIGANTIC FLOWER.—The remarkable aroid *Godwinia gigas* is for the second time coming into bloom in Mr. William Bull's establishment, King's Road, Chelsea. This rare plant was discovered by the late Dr. Siemann when collecting for Mr. Bull on the Chontale Mountains, Nicaragua. On the previous occasion when it flowered in this country the bloom or flower spathe measured 1 ft. 11 in. in length, and 1 ft. 8 in. in width.

THE BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will be held on Thursday evening, the 3rd inst., when a paper will be read by Dr. Pope on the "Revision of the Materia Medica." This subject, at all times one of importance, has been frequently before the Society during the last two sessions; and at the last meeting of the American Institute of Homœopathy the Bureau of Materia Medica presented a report bearing upon it, of considerable interest. Dr. Hughes being about to visit the United States, and intending to be present at the ensuing meeting of the Institute, Dr. Pope has undertaken to bring the requirements of a pure Materia Medica, and the proposed methods for obtaining it, before the Society, in order that Dr. Hughes may be able to present the views of British practitioners of Homœopathy on these questions, with some degree of authority, at the meeting of the Institute. We trust therefore that as many members as possible will be present, and that the discussion will be thorough.

NOTES BY THE WAY.

By Dr. USSHER.

Scrofularia Nodosa.

No more unsightly or uncomfortable adornment is there than a well-developed eczema of the ear—hot, stinging, itching, and penetrating within the meatus, the discomfort is almost unendurable. No longer oozing, it is thickened to double its size, looking as if many folds of wet tissue paper had been added to its bulk. Pustules spring up on the side of the face, and one feels thankful the possession is not your own. As one of many indebtednesses, I owe this precious medicine to Dr. Cooper, and the certainty of the cure is one of the glories of medicine. You may use it in three ways, either in the form of ointment alone, or at the same time give fractional doses of the mother tincture, or, if you prefer it, the 1st decimal. With the first plan—and it is a strong argument for local use of the remedy as well as by mouth—you will cure quicker; in fact, so rapidly that no higher potency could go faster. The case in point was a bad one. The boy had been neglected and badly cared for every way. I expected a long and troublesome dealing with him, but was grandly disappointed. He was over the worst of it in

four days, and before the end of the second week my occupation, as far as he was concerned, was gone. In a few days a bad case of crusta lactea turned up, for which I should have prescribed *Melitagrimum* (Dr. Skinner), but the gain in the other made me try the oint. of *Scrofularia* only. In two days it had all peeled off. In pruritus vaginæ it is highly effective locally and internally, most so when used both ways, and in glandular enlargements it ought to be largely employed. In lupoid ulceration, as I before noted in the *Homœopathic World*, its power is simply astonishing. Its virtues are not revealed by provings. As an eye remedy, for pustular ophthalmia, with intolerance of light and raw lids, it will be found of value. There is a proving in Allen, but my experience has been gathered from clinical cases, and though in the eyes of many worthless, to the eyes, however, a very great boon. How is it, I ask, that unheard-of wonders are done with single doses, highly potentised, and equally grand achievements by persistent employment of the same medicine in a lower scale?

A child of five years was dismissed as incurable with a perfectly white—dead white—leucoma from one of the ophthalmic hospitals. I have cured scores of these cases when not so bad with *Calcarca*, but in this case *Silicea* 6x (Keene and Ashwell's) has in five months' time removed every trace of this evil, and the cornea is as bright as ever. *Silicea* seems to me to go deeper than *Calcareca*, and follows it well. Wherever sweating scalp has been found, *Silicea*. It is its place, after *Belladonna*, and *Hep.* too, a piece of clinical experience, and also endorsed by Hering, out of his grand old store. It is worth remembering.

Catarrhal Deafness.

A deafness the immediate result of severe cold in the head and chest occurring in an organist, and most perplexing to him, as he could not hear his instrument or choir. There was a great deal of faucial redness and raw feeling in the throat, with stoppage of the nose. He could hear a watch placed close to the ear, and no more. The meatus of both ears congenitally small, and I could see nothing. *Merc.-Sol.* 3x trit., gr. ii. night and morning, made a decided improvement in a week, and, continued for another week, hearing was restored. After a lapse of some months he again came with the same form of deafness, and for the second time

Merc.-Sol. 3x has made him hear, but not so quickly as at first. In this case there was in the second attack pain on swallowing saliva. *Hep.-Sulph.* 6x relieved it, but purged him much, which it will do when your patient has more than is good for him. Believing the deafness to depend on the state of throat, I have thought it well to continue it in the 200th, three globules night and morning, and I am convinced Dr. Cooper's observation is a sound one about the value of a high potency in chronic deafness and other cases too.

A boy now attending my dispensary has been deaf for months, the result of constant colds. I gave him *Hep.-Sulph.* 6x patiently, and with improvement, but since he has had the 200th his hearing, which was only equal to hearing the watch close to the ear, now can do so at eight inches on the left side and six on the right. The dull look that is so common with deaf people is passing away. His meatus was so narrow that no view of the drum could be obtained. There was no swelling in either case. The meatus remains unduly narrow. He is now taking *Sulphur*, and hears well.

Dysentery.

Sergeant —, Royal Artillery, returned from India, suffering from dysentery, for which he was invalided. He looked pallid and strengthless; a movement of the bowels, ten times or more a day, accompanied with blood and mucus. He was semi-jaundiced, and the liver tender to touch. There was sickness and pain on the left side and back of head; skin hot and dry. Early morning often compelled to go down to the closet; faintness in the forenoon; always feeling tired and weary; good appetite, but empty and sinking even after a good meal; much flatulence and sudden giddiness. Such is the note his wife sent me. I gave him tincture of *Sulphur*, made according to Hempel, and there was soon a change for the better. This was in December, 1882. The report on February 5th is:—"He stayed three weeks in Wiltshire, his native place, and during that time he was quite well, the bowels only acting once a day, although even then the motion was not formed; but when we returned to Wales all the old symptoms returned; but he took the pills you gave him regularly [*Podoph.* 1x], and now he is gradually getting better, bowels acting sometimes four and five times daily, some days only once or twice. He has also lost those faint sensations, and feels less pain around the region of the liver."

We now have a continuous report, the next, May 4th. Of course he could not change his quarters, living in a damp fort, but he did change his doctor, who might have given him gunpowder with better effect than physic. Now his wife writes, "He has been for a long time much better and stronger, but this past week he has had a return of the complaint, very bad at first. He felt several sharp pains in the region of the liver; loose motions five or six times daily, of a white, clayey nature, but not accompanied with blood, as formerly. He also has a great bearing down at the seat, with backache, slight faintness at times when walking. He has not suffered so much from flatulency." Every alternate week he took the *Sulph.* and *Podoph.*; there was blood and slime with the last action. I now gave *Sulph.* alone.

May 29th.—Much better, bowels only acting twice a day; he has also lost the pain round the liver; is feeling stronger and better than he has done for some time, still the faintness recurred at times. We have no further account until September 9th; then he has a bilious attack, bad headache, and ulcerated sore throat, and small ulcers in the mouth, for which *Nux V.* 3x. A few doses relieved him. His wife adds, "For months back he has had no symptoms of liver attack or diarrhœa, and we feel deeply grateful to you for your attention to his case." The *Nux Vomica* was continued for swimming in the head when he stoops, as well as severe cold, with severe pains and weakness in the back. When these attacks came on there was no pain in the stomach or sickness, but there is intense pain at the back part of the head, running down the neck. He often has a faint feeling come over him, a kind of hungry, craving faintness, about the middle of the day. It certainly is not from want of food, as his appetite is always good. It has never attacked him while partaking of a meal. He generally has cold hands and feet, skin very dry.

Sept. 26th.—Headache in the morning and a reluctance to rise; he has a feeling of great weariness; his night's rest does not appear to refresh him. He has also at times a loud singing noise in the head; the headache most in the left side and back part. He is, however, better since taking last pills, (which I continued). *Nux V.* 3x. Back better, headache still troublesome, accompanied with giddiness; appetite good; still free from diarrhœa, bowels acting as a rule twice a day; motions formed, *which has not been the case with him for the past three years.* He has no pains just now in the

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region of the liver, only when belted up tightly on parade ; sometimes that causes him great pain.

Again, October 8th, he still has that tired, languid feeling, especially after walking. When he takes a deep breath he feels a pain at the pit of the stomach and right side ; a giddiness seizes him when stooping ; he has a motion about twice a day, formed, but very light in colour. Some days he feels quite well, then he has a return of the faint languid attack, with headache. Still, he is much better since seeking your advice. *Lyc.* 12.

There was no further report until October 16th, when he got an unexpected dose of gunpowder from an awkward comrade's carbine, the contents of which burned him sharply in the leg, and laid him by for two months. He then had more pain in the region of the liver ; two or three small ulcers in mouth, not very painful ; his tongue much coated ; he has less headache, and does not feel so faint at middle of day ; bowels acting twice daily. The confinement in hospital pulled him down, but happily he had no medicine. He came to London December 29th ; complained of chills, beginning in the hand, every day, and sweats much. *China* 1x, with much benefit ; repeated January 11th of this year. He is a new man, so his wife says, and she ought to know. And, mark you, it was the impure, tainted, "delusive Homœopathy" that cured him. But I am beyond the pale, for not only have I sinned to the extent of one drop of *Laudanum*, but, according to my own "Notes by the Way," am fifteen times worse ; and the patient who had it has been better ever since, even for the repeated folly. But one of our compeers, far above the tricks of moonshine, gave to a case of awful prolapsed uterus during labour *thirty* drops of *Laudanum*, with speedy victory and completion of the labour. Even an allopath, whose case it was, and for whom our brother kindly officiated, shook his hand, as only a brother beloved could do. 'Tis terrible, is it not ? to chronicle such a departure from Hahnemann and Repertories. I have lately had a case of puerperal fever, and in the case of poor people it is well to bear in mind that such mischief may be conveyed in a very subtle manner. Those who remember the case of labour in which placenta prævia took place, given some time back in my "Notes," will not be surprised to know that the second wife was delivered on the same bedding, and died on the fourteenth day, having had the easiest of labours !!!

Paraldehyde

was recommended to me by a gentleman, who cut the paragraph from an allopathic source. He was anxious his wife, who was very sleepless, should try it. I was not, and happily it was delayed, and she did not get it, but instead *Acon.* 12 and perfect sleep. The dose was stated to be three grammes. I gave another patient half that quantity, as far as I can recollect twenty drops. She was weeks bad after it, feeling as if she had been placed in a cauldron of hot oil and stung over with hundreds of needles. No sentiment in her case, I assure you. If the Evil One invents medicine, as some of the teetotallers say he does alcohol, this Paraldehyde is his special production.

The case I reported of exophthalmic goitre is making good progress. She has been promoted from the 30th of *Fluoric Acid* to the 200th, one dose, and placebos to follow. We shall calmly await the result.

East Hill, Wandsworth, January, 1884.

ON BELLIS PERENNIS.

By J. COMPTON BURNETT, M.D., Lecturer on Materia Medica at the London Homeopathic Hospital Medical School.

THIS dear little weed, the common daisy, is a great clinical friend of mine these ten years, and being in possession of a very fair proving of it, I have thought it wise to put said proving into print. The gentleman who proved it sent me the proving in day-book form some years since, and sent with it an *affidavit* of the veracity of his statements. Some absolutely irrelevant matter I omit, but with this exception the following is a copy of his day-book:—

THE DAY-BOOK OF A PROVER OF BELLIS.

First Day, March 6th, 1880.—I have been in an excellent state of health for a considerable time. Headaches, once so frequently occurring, are now amongst the things that were—thanks to *Nux Vom.* 3x. Digestive organs in excellent “time,” and mental faculties, I hope, *quite sound*.

Being about to commence proving to-night, I have restricted my diet a little to-day, in order that the drug may act more perceptibly.

10.30 p.m.—Pulse 61 per minute in a sitting posture; temperature 97·7° (Fah.); urine 22·5 in excess of water; tongue quite clear.

Took 10 drops of about one minim each in 2½ drachms of pure water. This quantity I take previous to retiring for the night, four hours after the last meal for the day.

Second Day, March 7th, 7 a.m.—Repeated, and lay in bed on my back awake, in order to feel the action set up by the tincture. Three minutes or so after taking it a gurgling feeling was experienced over the left side of my abdomen. Shortly the sensation moved upwards to the region of the spleen, and there remained for some time. Twenty minutes or so later I felt a sensation up on my left temple, and a “creeping” sensation along the *veins on the left side of the head*.

11.30 a.m.—Repeated, with precisely the same sensations as the result, with the addition of slight *stabbing pains in the left hypochondrium*; but these did not extend across the whole epigastrium. It has as yet produced no confusion or giddiness of the head; and no trace of change can be detected in the fæces or urine.

4 p.m.—Repeated, with the same sensation in the hypochondrium, but nowhere else, except, perhaps, a feeling of increased beating in the left temple, as if caused by a *fulness of blood*.

10.30 p.m.—Repeated, and retired to rest for the night.

Third Day, March 8th.—Slept heavily and dreamt strange incoherent dreams, which were all muddled together. In my humble opinion the drug is beginning to show an affinity for the spleen, certainly for the region of the spleen; for when lying on my back, with my hand on my left side over the false ribs, these seem to be distended by an enlarging spleen; at any rate, it *causes pain to press my hand on that part*.

Tongue slightly yellow; urine still normal.

12 noon.—The distention still goes on, and now becomes more painful, especially after a meal. (Does this indicate that the pains are caused by a distended stomach pressing against an enlarged spleen, or was there anything the matter with my spleen previous to commencing the proving?) A little lassitude is felt this afternoon; the fulness is extending up the side towards the diaphragm, which, when pressed downwards at each inspiration, causes a “*rubbing*” feeling as if one of the surfaces were getting dry. Urine unclouded

without sediment, and no alteration in the colour of the fæces.

5 p.m.—Fifteen minims in the same quantity of water produce in twenty minutes, over and above the usual sensation in the left hypochondrium, a feeling of drowsiness and “stitches in the side” (the left one) opposite the heart. The eyes, too, now begin to be affected, and a twitching, jerking sensation akin to the feeling produced by the electric sparks coming to one’s knuckle from an electric machine is experienced in the left one.

Fourth Day, March 9th.—In order to ascertain what difference the omission of a dose or two would have, I omitted taking any last night at bed time; however, the feeling was still there in the region of the spleen, and in addition to it, there were *shifting pains extending across the epigastrium and round the navel*. But the *stitches in the left side* still continued and became *aggravated with the slightest movement*. The circulatory system is now beginning to be affected. *The pulse is irregular, the heart’s action is the same, fluttering at times*, and then continuing to give the normal beats for a time, then fluttering again, and so on. Feelings as if of impending suffocation are uppermost.

Fifth Day, March 10th.—Took none to-day because once or twice yesterday I was nearly “capsized” altogether.

Sixth Day, March 11th.—Took 15 drops before going to bed; felt the sensation in my spleen; felt a creeping *chilliness* when coming in from the cold air, which might have been said to be the beginning of a cold, but it passed away ere morning.

Seventh Day, March 12th, 7.15 a.m.—1.10 p.m.—Repeated, and felt throbbing PAIN *in my left temple, an increased action of the heart*, and the same old feeling in the region of the spleen. 11.30.—Repeated, but with no new symptom.

Eighth Day, Saturday, March 15th, 7.10 a.m.—Fifteen drops. *Inside lining of nose now begins to get very sensitive and sore, and scabs begin to form in the left nostril*.

1.10 p.m.—Scabs begin to form in both nostrils, but chiefly the left one. The region of the spleen becomes sorer and sorer; so much is this the case that I find difficulty in stooping.

11.30 p.m.—Repeated, but can find no trace of its action upon the urine, fæces, or bowels.

Ninth Day, Sunday, 14th, 8.15 a.m.—Fifteen drops cause *gripping pains in the pit of the stomach*; gastric derangements

now become more certainly a consequent of the taking of the tincture; the tongue is coated with a brownish fur, dulness.

5 p.m.—Ten drops.

10.30 p.m.—Ten drops. Symptoms getting worse and worse; nearly "off the balance" again; retire earlier to bed than usual. *Swimming sensation in head on lying down, nausea*; the head seems to have a motion as if one were lying in a steamship.

Tenth Day, Monday, 15th. — Nostrils getting worse, especially left one: cannot use handkerchief to perform the operation of "blowing" it. Did not take the tincture in the morning, the nausea being too great; took it at 1 p.m., at which time I always feel its action best; twitching of the eyes, especially left one; *congestion of the small veins on the left side of my head*; a new symptom now begins to appear, namely, itching of the anus, and a feeling of heat in the interior of the rectum; the sphincter muscles also become affected, and seem less elastic than usual. Several *pimples* are coming out on my face and neck. I was never troubled with these before as far as I can remember. One large scab has formed on the back of my neck which is causing a great deal of trouble. "*Itchiness*" of the head becomes almost unbearable; the glands of my neck become tight and sore.

11.15 p.m.—Ten drops previous to going to bed. I have fasted nearly all day in order that the tincture may have it all its own way, and because I feel that the nausea will quite put me off balance to-morrow.

Eleventh Day, Tuesday, 16th. — My sleep during this night was undisturbed with dreams. I slept heavily, but the tincture has a capital effect upon one's spirits. It has the reverse effect of *Bryonia alba*, which depresses them, when taken in large doses of course. Did not take the tincture in the morning till I should see how matters would go if I left it off for once again.

1.10 p.m.—Fifteen drops. The old sensation in the region of the spleen is set a-going with redoubled vigour—if the expression may be pardoned. The region of the spleen is about as tight as a drum now. For the first time I feel its action on my brain, the sensation being something akin to a proving of alcohol! The twitching of the eyes still continues; the conjunctiva becomes dry for a time, then a profuse flow of tears follows. This goes on for a time, then agglutination of the eyelids takes place, chiefly the left one.

Twelfth Day, Wednesday, 17th.—Took it thrice; symptoms getting worse and worse.

Thursday, 18th.—Ditto, ditto.

Friday, 19th.—Ditto, ditto. Brain getting muddled. In excellent spirits, but am repeatedly told that I am surely under the influence of "something stronger than tea." My eyes are said to be glistening "fearfully" and standing out, my looks haggard and careworn. For the first time I have noticed a change in the colour of the faces, which are getting light in colour. No difficulty, however, is experienced in passing them.

Saturday, 20th.—A struggle is going on within me. Shall I or shall I not continue to take the tincture, seeing I am getting off the balance? I ultimately resolve, however, to give it up for a day or two.

Tuesday, 23rd.—Try again! 9 a.m., 10 drops. Felt giddiness and strange sensation in the region of the cerebellum.

1 p.m.—Ten drops. Felt the old "confounded" spleen enlargement (?) worse than before. This provoking symptom won't let me push my experiments far enough. My tongue has been coated with a brownish fur for some little time. No difference in the specific gravity of the urine can be detected, though its colour is rather darker than it was some little time ago. The quantity passed is quite in proportion to the quantity ingested during each twenty-four hours. It seems now to begin acting upon the skin. About eighteen months ago I proved *Arnica* upon my left leg. That is to say, I rubbed in daily for a considerable time the contents of a two and a-half ounce bottle of *Arnica Montana* ϕ (i.e., two and a half ounces were used in all). I am not going to enter in here to this rather daring proving of so useful a remedy, nor to relate how long I went with the flesh of a part of my leg uncovered with skin! But Dame Nature is very, very kind indeed; she had just about repaired the breach, and was gently spreading over the last coat—the epidermis—when the action of the tincture set up an eruption similar to what it was doing on the left side of my head. (NOTE.—This being written originally when under the influence of the tincture, allowances will need to be made for the incoherent expressions.) The part became very tender and sore. My dreams were again strangely incoherent; I felt restless during the night. The soreness of the anus has all but disappeared, so there need not be much stress laid upon the symptom.

The nasal symptoms are developing and spreading to the inside of the upper lip and gums, especially the left side. The hairs of my moustache have become extremely sensitive, so much so is this the case that I can scarcely tolerate a slight twisting of them.

Strange *shivering sensations* begin to creep over me, I am becoming very sensitive to cold. It is clear the drug has commenced to affect the memory; not sure of anything; sight dimmer than it has been yet; though the night is clear I see all the stars double. On looking through my astronomical telescope Sirius seems dancing before the field glass. Orion is playing the same game. It is not my hand that is shaking, for the telescope is fixed to a stand. I try an opera-glass, but motes are beginning to float before the eyes.

My heart flutters, though nothing excites me. In short I am quite out of sorts, and feel out of patience with everybody and everything.

Sat down to write the result to Dr. Burnett, wishing to ascertain if he thought I should give it up. But I don't know what to say. I'm not sure what language I am writing: German, Italian, Latin, Greek, and Scotch words come all floating into my mind.

Wednesday, 24th.—Slept very heavily, feel very strange in every way; took temperature last night, and, strange to say, though I feel as if in a fever, I can't get the thermometer to rise higher than 96° in the left axilla; the temperature has evidently been becoming lower during the proving, though I regret not having taken the temperature oftener. The pulse is slow, very slow, indeed only about 50·2 per minute; but it is intermittent, being sometimes much quicker, at other times much slower; the evacuations have been becoming lighter and lighter for some time, and to-day they are ochre-coloured. Tongue coated with a yellowish fur. 9 a.m., 10 drops. 1 p.m., 15 drops. Excessive occipital headache all afternoon; eyes heavy, drowsiness.

Thursday, 25th.—The sensation in the left side is getting very acute. Fifteen drops in the morning made me very heavy and stupid during the rest of the day. I am being laughed at for asking the same question ever so often. The annular ligaments of my wrists, especially the left one, are seized upon, and feel contracted, the sensation being something akin to an elastic band round the wrist.

Friday, 26th.—Dr. Burnett's letter to hand; saying to decrease the quantity, and persevere if possible. Tried to

comply, but being on the point of vomiting I gave it up for the day.

Saturday, 27th.—Started again, with diminished quantity.

28th.—Rash, and blotches coming out on left cheek and chin, exactly answering to Dr. Ruddock's definition of "Barber's Itch," Sec. 193, *Vade Mecum*, Seventh Edition, 1875.

29th.—Spirits getting dull; cannot tolerate noise; music disagreeable.

30th.—"Capsized," brains muddled, shooting rheumatic pains along my left leg; unfit for food.

Gave it up, having taken it for twenty-four days.

With a few trifling omissions the foregoing is the prover's day-book.

In a subsequent communication this gentleman says: "By the way, I have omitted to mention and lay stress upon its action on the gums and mucous lining of the mouth. At the time this symptom was developing I was almost away from writing."

The parts were dark red, and the prover took *Aconitum* 6 to get relief, which failed, but *Kali. Bich.*, 3x trit., quickly cured it.

He also added, "*Bellis per.* is certainly the most peculiar drug I have proved yet. When under its influence one is as happy as a king, feels he is doing strange things, but cannot help it; is friends with everybody."

And again, "But if the proving be of any use to you I have my reward for going about memoryless and 'brainless' for a few days."

It is very difficult to realise the fact that the common daisy can possess any remedial or pathogenetic effects worth while, and as the proving by this gentleman may appear to some a little imaginative, I will add a letter he wrote to me while in the very act of proving it, and when he did not know what he was taking, and from the tone of which it is pretty clear that he was very severely affected by it.

March 23, 1880.

My dear Sir,—Just a few lines to report progress in the matter of proving the tincture you sent me for that purpose some little time ago.

I commenced taking it just a short time after it came,

and am quite astonished at the results. It is certainly a many-healing remedy, for it has many symptoms. I commenced taking it upon the night of the 7th inst., and have continued taking it as you requested ever since, namely, in about the proportion of m^{10} to the ziv of as pure water as possible. After a very short time it was quite evident that the tincture had an affinity for the spleen, a sensation being set up in the region of the left hypochondrium that could be mistaken for nothing else than the action of the drug. This has gradually increased till the region above referred to has become large, and the false ribs seem forced out as it were by the enlargement of the spleen. This was followed by throbbing of the veins in the left temple; this by excessive "itchiness" over the abdomen; this by soreness of the anus; this by excessive soreness and scabs inside the nose (so much so is this the case that I cannot use my handkerchief); this by, to all appearance, dryness of the left pleura, if a feeling as if something were rasping each time I "draw my breath" would indicate such a condition. Respiration is somewhat quicker to-night than it has been. There is evidently a fulness, or the reverse, of blood about the heart as it occasionally flutters in its action, perhaps about once in the minute, and lastly, and what this note evinces, I fear, namely, that my mind is getting confused, my memory weak, thoughts jumbled, talk incoherent. Pain in the left side like stitches.

Now what I write this for is to ascertain if I should continue taking the tincture, or shall I discontinue it for a time? I shall take it, however, till I hear from you. I shall not send my day-book till I get an answer from you if I'll discontinue taking the tincture. This is by no means that I am getting alarmed. The very reverse."

It took the prover about a month after he left off taking the tincture to recover completely from its effects.

His cervical glands became swollen, and hereanent Pliny's commendation (Hist. Nat., lib. xxvi., cap. xiii.) of *Bellis* in scrofula may be noted.

Dr. Lloyd Tuckey, of London, took nearly an ounce of *Bellis* O in varying doses with no effect, unless the usual symptoms of a severe coryza which came soon after getting under its influence were due to it.

Miss C. C., a very sensitive but healthy maiden lady between thirty and forty years of age, took *Bellis* 1, a few

drops daily, and attributed the following symptoms to its use:—

Languor; feels ill all over. Burning heat, internally and externally, at night.

Soreness and aching of chest. Bleeding repeatedly from nose, and once from mouth.

Flatulence.

Sleeplessness.

Dryness of mouth.

My clinical experience with *Bellis perennis* is considerable, but this I must reserve for a future occasion.

I owe my first acquaintance with *Bellis* to Mr. Edward Thomas, of Chester, and to Dr. Henry Thomas, of Llandudno, to the latter of whom we owe the first proving of *Bellis* ever made. In Dr. Thomas it produced boils; I have more than once seen it cure the like. I have myself twice made short provings of *Bellis*, but have lost my notes; it acted laxatively with me, and produced many little boils with mattery heads.

London, March 25, 1884.

SURGICAL CASE.

By R. TUTHILL MASSY, M.D.

A YOUNG lady, aged sixteen, was brought to me by her aunt for consultation last month, with slight deformity of the face. About two years ago she had a fit of yawning, and since that she noticed a contraction in the entrance to her right ear; she could not introduce her little finger at that side so easily as that at the other. On bidding her to force the little fingers into the ears while I manipulated with the articulation and she opened and shut her mouth for six times rapidly, we both heard a rapid snap and felt the articulation enter its socket, and now do hope that in time the face will take its normal position. Six weeks have passed, and the aunt has called to say the niece is quite well and her features are restored to order.

Brighton, 11th March, 1884.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

RANUNCULACEÆ (continued).

Aconitum Napellus (Monk's-hood, Wolf's-bane).—In England this plant is rare in a *wild* state, and is generally believed to be introduced; as a garden plant it is one of the commonest, and its tall showy spikes of dark-blue flowers surmounting the dark deeply-cut leaves are worthy of a place anywhere.

This famous remedy, appropriately named "the homœopathic lancet," on account of its power in reducing fever without taking blood as in the old school, has probably done more in saving life than any other drug, as tens of thousands can testify; it stands *par excellence* at the head of the long list of drugs introduced to the world through the genius of Hahnemann. Its active principle, *Aconitine*, or now more generally called *Aconitia*, is one of, if not the most deadly preparation known to man; a very small portion of it causes death, and there is no known antidote. It seems to me that the more deadly a drug is in its action as a poison, the greater are its virtues and the more powerful is it in the saving of life when given according to the homœopathic "law of cure." Instance such invaluable medicines as *Aconitum*, *Arsenicum*, *Belladonna*, *Conium*, *Digitalis*, *Nux Vomica*, *Phosphorus*, *Veratrum*, etc.

Since the report of a celebrated case of poisoning by *Aconitia*, a large number of people have been very much afraid of using any preparation called by the name of *Aconite*, and it should be explained that in Homœopathy we do not officially use *Aconitia* at all, being far too dangerous, and also not in accordance with the teaching of the system which advocates the use of every part of a plant, or of some special part, and not the poisonous or the active principle only. The preparation used in Homœopathy is a tincture made from the whole plant, or from the root alone, and in either case contains but a small proportion of *Aconitia*. This ϕ or matrix tincture is seldom given, but only dilutions made from it of various strengths, such as 1 dec., 2 dec., 3 dec., and so on, so that one may give the tenth, one-hundredth, or one-thousandth of a drop or less, and, strange as it may appear to those unacquainted with the system, the smaller dose will generally act better than the larger one, as it must not be forgotten that *the medicine to be homœopathic must*

be capable of producing in the healthy body a counterpart of the symptoms produced by the disease. *Aconite* in small doses is a most potent remedy against the *dry heat, flushed face, and restlessness of fever*. Any one with a few drops of this medicine can *prove* the truth of the homœopathic law. Let him or her, being a good and sound sleeper, take on going to bed a drop or two of the tincture of *Aconite*, the result will be a more or less sleepless night, *restless and tossing about, heat, etc.*; on the other hand, let them be sleeping badly from *other* causes, with this *restlessness, heat, and tossing about*, a drop or two of the same tincture will remove all these sensations, and the person will sleep soundly from *natural* causes, the thing that prevented healthy sleep having been removed in accordance with the homœopathic law of similars. This is precisely the case with *every medicine*, but before using a medicine homœopathically it *must* be proved on the healthy to know its symptoms or sphere of action.

Aconite has, perhaps, made more converts to Homœopathy than any other drug, because its effect in fever is so marked. A case came under my notice the other day of a child suffering from inflammation of the lung with *incessant dry cough, great restlessness, flushed face, high temperature, skin dry, burning*, it had had *no sleep* for a day and a night, and could not be laid down for a moment; one dose of *Aconite* allayed the cough and fever, and within five minutes the child was lying asleep in its cot, and slept for some hours during the night. The fever was subdued, and it eventually made a good recovery. After such facts as these, which come under the notice of thousands, is it a wonder that Homœopathy increases? The only wonder is that it does not increase faster. Hundreds of cases supposed to be cured by the allopathic doctor are in reality cured by a few doses of homœopathic medicine given by the parents, and often after the doctor has pronounced the case to be hopeless. Very little notice was taken of this drug as a medicine until after its introduction by Hahnemann, and it was only used as an external remedy in various kinds of neuralgic and rheumatic pains. Many cases are related of its employment allopathically in chronic rheumatism, where this disease, though of years' duration, and having withstood the use of other powerful medicines, such as *Mercury, Opium, Antimony, Conium*, etc., was in a short time cured by *Aconite*. The reason of this is plain. *Aconite* on the healthy produces,

amongst other things, "pains as from a bruise, weakness and swelling of arms and shoulders, heaviness, numbness of the fingers, paralytic weakness of the arm and hand, a sensation of drawing in the arms, deadness of hands, hot hands and cold feet, tingling in the fingers, similar pains in the legs, pains which force one to cry out at every step, want of strength and of stability in the joints of the hip and of the knee, stiffness of the legs on moving, pains in the insteps, with despair and fear of death, numbness of the legs, heaviness of the feet, pains as if bruised, in the neck, back, and loins, and painful stiffness in the nape of the neck. It also produced dry burning skin, yellowish colour of the skin, spots similar to flea-bites on the hands and body (it is one of the first remedies in measles, purpura, etc.), *sleeplessness from anxiety, with constant agitation and tossing, starting in sleep, anxious dreams, nightmare, dreams with a sort of clairvoyance* (this last symptom seems peculiar to the *Ranunculaceæ*), *dry burning heat, with extreme thirst, sometimes preceded by shiverings, with trembling*; heat chiefly in the head and face, *with redness of the cheeks, shuddering over the entire body; shivering if uncovered in the least while the heat exists, great agitation and tossing of the body; with anguish, inconsolable irritability, cries, tears, groans, complaints and reproaches, fearful anticipations of approaching death, a strong disposition to be angry, to be frightened, and to quarrel; the least noise, even music, appears insupportable; delirium,*" etc. For the remainder of the mental symptoms, and also for its effects on other parts of the body, see the proving in Jahr's "Materia Medica."

Unfortunately a great deal of the *Aconite* in the market is not the true *Aconitum Napellus* from which the proving was made, and which is the only one that should be used. There are a large number of *Aconites* found wild in Europe with totally different medicinal principles, and with different-shaped flowers and flowering at different times, and as most of the *Aconite* used is the imported root, and as many of the *roots* are alike in general appearance, and are collected by persons totally ignorant of botany, or of the botanical character of *Aconitum Napellus*, we have no guarantee that we have the true variety. Consequently, unless we can see the flower, and know also the time of flowering (the *A. Napellus* flowers about May or June), the only way to obtain the genuine variety is to grow it.

BRIEF CLINICAL NOTES, WITH REMARKS.

By DR. HARMAR SMITH.

(Continued from p. 117.)

Remarks on Case 7, continued.—This case occurred in 1864 in the person of a dispensary patient at Greenwich, but has now come to light for the first time through the disinterment of an old case-book. I have not during the intervening twenty years had a case of vomiting of such long standing cured by *Ipecacuanha*. I was led to its use by what may be considered the key-note—viz., vomiting—and have only now observed that *all* the symptoms of the case correspond to those of the medicine, the one being not only a *simile*, but a *simillimum*, of the other, which no doubt accounts for its success in such a long-standing case. Thus we have both in the disease and pathogenesis:—1. Nausea and vomiting. 2. Matters ejected *mucous*. 3. Frequent fluid stools. 4. Abdominal pains, increased on pressure. 5. Tongue white-coated. 6. Urine high-coloured, with brick-dust sediment.

Case 8.—Large carbuncle (perfect cure), illustrating the action of *Hepar Sulphuris*.

Mrs. —, æt. fifty-eight. Has had a truly chequered career. Has been married twice, the second time to a very bad husband, from whom she is separated. Has travelled nearly all over the world; and besides ordinary illnesses has suffered from the effects of fire, water, and carriage accidents, as well as anxious lawsuits; also very severe confinement and “white leg,” all which has resulted in a somewhat shattered state of constitution.

She has not learnt wisdom by experience, and a fortnight ago went late at night to meet some friends at a London place of amusement, got soaking wet on her way from the station, sat in her wet clothes for several hours in a crowded theatre, and then went out into the cold night air. A few days after she had a violent shivering fit, and then a hard swelling began to form on the inside of the left thigh. This was the leg which some years ago was the subject of phlegmasia alba dolens, which left the veins in a varicose condition, in which state they have continued ever since.

I found a hard, brawny, livid tumour, extending about five inches down the middle of the thigh inside, and about three inches across, inelastic, and very tender to the touch. Nervous and depressed; not much fever.

Hepar Sulph. 3x in alternation with *Pulsatilla* 2x.

January 24.—Pain severe, burning or scalding; sleeping badly.

Omit *Hepar* and take *Liq. Arsenicalis*, one-tenth of a drop every three or four hours. *Belladonna* at bedtime. Water-dressing.

25th.—More fever, but slept better. Temperature, 101·2.

Continue the medicines, and apply a weak *Belladonna* lotion to the tumour.

26th.—Tumefaction spreading. Temperature, 100·2. Finds the *Belladonna* lotion soothes the pain and enables her to sleep. Pulse rapid and feeble.

Tr. *Verat.-Vir.* lx, one drop every four hours.

The symptoms seemed now to point to phlegmonous erysipelas, and considering my patient's antecedents and present state of debility and nervous exhaustion, I felt anxious about the issue of the case. She, however, did not wish for a consultation.

27th.—A considerable aggravation of the pain had occurred several times in a few minutes after taking the *Veratrum*. I might have prescribed it in a higher dilution, but my patient objected to take it again. A great change in the appearance of the tumour since yesterday. It has become distinctly circumscribed and prominent, though not less hard and livid than before.

Omit other medicines and take *Hepar Sulph.* 3x every two hours. Apply linseed poultices, to be changed every four hours.

28th.—The tumour has now clearly taken the character of carbuncle, two small heads having formed upon it. Temperature, 99·8.

Continue *Hepar Sulph.*

30th.—Slight sero-purulent discharge from both heads. No diminution in size or hardness of tumour, but tenderness and pain much lessened. Temperature, 100·8; pulse, 90. Has periodic feverish attacks, generally coming on about noon.

To take *Arsenicum* 2x in alternation with the *Hepar*.

31st.—10 p.m. Skin hot and dry; temperature, 100·8; rapid pulse.

Tr. *Aconite* 2x, a drop every half-hour.

February 1.—Feverish symptoms all gone. Discharge continues from both openings.

Repeat *Hepar Sulph.* and *Arsenicum* in alternation every four hours.

2nd.—Discharge more free, but no sloughing.

Continue medicines. Full diet.

4th.—Omit *Arsenicum*, continue *Hepar Sulph.* Substitute water-dressing for poultices.

5th.—Tumour contracting, discharge lessening

6th.—As last report. Out of bed.

Continue *Hepar.*

9th.—Two small ulcerated surfaces covered with healthy granulations.

Continue *Hepar Sulph.*

12th.—Decided softening of tumour.

Continue *Hepar* and water-dressing.

14th.—Further contraction of indurated mass.

16th.—*The indurated mass completely gone, although there has been no sloughing.* Appetite indifferent.

Hepar Sulph. and *Chin.-Sulph.*, each twice a day.

19th.—The ulcers perfectly healed, small cicatrices alone remaining. To go out.

Cured.

March 14th.—I have had to-day a report from Mrs. —, stating that she continues perfectly well, and able to walk about in her garden.

THE GANJAH PLANT.

In an article in the *National Review* on the plant ganjah, which is used as an intoxicating drug in India, it is stated that Dr. Chevers gives the particulars of several criminal trials, in which it was urged for the defence that ganjah had excited the fury or nerved the hand of the murderer. He also mentions several cases of "running amuck," as it is called, where a man madly attacks and stabs every person whom he meets while he is in this state of frenzy; but some of these cases are attributed to the use of opium as well as ganjah. He remarks, "We have abundant evidence that fakerees keep themselves almost constantly under the influence of ganjah, the excuse being that this mode of intoxication abstracts the thoughts from the objects of sense, and assists their absorption into the Deity. The face of an habitual ganjah smoker can scarcely be mistaken. The expression of the countenance forcibly carries with it the idea that reason has been partially unseated." As to the growth of the plant, the eminent botanist, Mr. Charles Clarke, who lately held high office at Kew Gardens, recorded the following remark

when he was holding a Government appointment in Bengal :—
“The whole country (about Rajshahye) abounds, especially in waste spots round villages, with the wild hemp. Of this the males and females are equally numerous. The ganjah plant is supposed to be a variety of this species by most botanists, but, as two such authorities as Griffith and Benjamin Clarke have doubted this, it may fairly be treated as an open question whether the ganjah plant should be considered a different species. The ganjah plant differs from the wild hemp in its woody, thick, straight stem, its bushy pyramidal habit, the crowded female flowers, and the presence of the viscid ganjah-bearing hair on the calyx and bracts.” Mr. Kerr reports that, “In its wild state the plant is common all over India, and grows to a height varying from five to ten feet, a bright, handsome pyramidal plant, with rich green leaves and small greenish-white flowers. The so-called ‘wild’ hemp is not necessarily a wild plant, but in some places is cultivated for its leaves. The cultivated variety is a little more stunted, rarely rising above six feet, and more slender, delicate, and regularly pyramidal, assuming more the character of the cypress.” The cultivated ganjah of Bengal is now grown in only a very small tract of country, within a circle having a radius of about sixteen miles. In this small tract it occupies an area of only about 1,000 acres, and is distributed in small patches in about 250 villages. The number of persons occupied from year to year in the cultivation averages about 2,000, of whom the majority, or about seven-eighths, are of the Mohammedan persuasion, the remainder being Hindoos. The cultivation is carried on with considerable skill, and according to traditional rules and precepts. Taking the selection and preparation of the plot of ground as the initial process, and the harvesting of the crop as the final process, the cultivation may be said to extend over twelve months, from the beginning of March to the end of February. The actual growth of the plant begins in the nursery bed in August, followed by transplantation in September, and it comes to maturity in February. The crop is cut and manufactured in February or early in March. There is one peculiar and interesting feature in connection with the cultivation. About the end of November, when the plants are sufficiently advanced to show the indications of the sex, the village ganjah doctor, as he is called, examines all the plants, and carefully destroys all the males. The cultivators are under the belief that the

female plants are destroyed and the males saved. But scientific examination proves that this is not the case. The male plants must all be destroyed; and only the female plants, uncontaminated by the presence of the males, produces the substance commercially and financially known as ganjah. The average annual amount of the ganjah crop is reported by Mr. Kerr to be about 7,000 hundredweight, according to English weights. The manufacture is very simple. It consists chiefly in drying the plants, getting rid of the leaves and part of the stalks, and compressing the smaller twigs and flowers into bundles, so that they may be conveniently tied together and packed up for exportation.

Obituary.

CHARLES FABRE-TONNERRE, M.D.

DIED, on the 20th February, at Sidmouth, Charles Fabre-Tonnerre, M.D., formerly a surgeon in the French navy, and more recently sanitary medical officer at Calcutta, where he practised Homœopathy for several years. His health had suffered very seriously from blood-poisoning by sewage gas at Calcutta; and during his residence at Sidmouth he had several attacks of illness traceable to that cause. His last illness was caused by a cold taken the last week in December, which brought on bronchitis, hepatic congestion, with jaundice, nephritis, and albuminuria; and about the 28th January a violent inflammation set in in the posterior aspect of the larynx. Nothing could touch this attack, which went on unchecked to the close. The gangrenous odour of the breath told of the malignant nature of the case. The vocal cords had suffered severely, and he could speak only in a whisper the last fourteen days. Five days before his death he sent me a bit of bone, which he fancied came from the lung. Its extrusion was attended with great loss of blood and heavy mucous sputa, followed by continued hiccough, prostration, and inability to take food. Finally he passed away with a sigh on the 20th. The bit of bone was the left arytenoid cartilage of the larynx, ossified, and eroded at one side. It was examined under the microscope and its character verified by a practised pathologist. This is the peculiar and interesting point in the case.

Sidmouth, March 4, 1884.

A. STOKES, M.D.

LITERATURE.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY.¹

WE have before us the February issue of the *Annals of the British Homœopathic Society, and of the London Homœopathic Hospital*, that are very ably edited by Dr. J. Galley Blackley. Let us first notice the papers read before the Society. The first paper in this issue is a very fair and suggestive one on Koumiss, by Dr. Jagielski. Had we the requisite space we should reprint it entire. The next is entitled "Some Comparisons in the Treatment of Diphtheria," by Giles F. Goldsbrough, M.D., and starts thus:—"Mr. President and Gentlemen,—In the number of the *British Journal of Homœopathy* for October last (Dr. Goldsbrough read this paper on January 3, 1884) there appeared an unsuccessful prize essay, by Dr. von Villers, on the subject of Diphtheria, in which the author gives an account of his first (*sic*) treatment of the disease by the *Cyanide of Mercury*. This essay is, I dare say, by this time familiar to you all," etc., etc. There is here more assurance than knowledge. This use by von Villers of the *Cyanide of Mercury* has been the common property of the homœopathic practitioners of the world for years; we used it with great success in a severe epidemic of diphtheria seven years ago. But then, we used von Villers's *dilutions*, and got the same remarkable results. Dr. von Villers distinctly condemns the low dilutions of this drug in diphtheria, and affirms that they are not curative, and recommends from the 6th to the 30th. Dr. von Villers used these higher dilutions, and *cured his cases*. Dr. von Villers is one of the great thinkers of modern times, comparable to such men as von Grauvogl, J. Drysdale, Dudgeon, or Garth Wilkinson. Moreover von Villers is a veteran of many fights, having scored clinical victories during three or four decades.

Dr. Goldsbrough is, to use his own words, "still young both in years and to Homœopathy," and so he used the *Cyanide of Mercury* in the second dilution—one would have thought that the young Dr. Goldsbrough would have believed the veteran Dr. von Villers, but no. What was the result?

¹ Annals of the British Homœopathic Society, and of the London Homœopathic Hospital. London: Triebner and Co.

Dr. Goldsbrough gave the *Cyanide of Mercury* in the second dilution in three cases of diphtheria, and two of them died! So von Villers is right, the low dilutions of the *Cyanide of Mercury* do not cure diphtheria. It is a pity Dr. Giles Goldsbrough did not believe von Villers, for if the latter is not to be believed, why should we believe the former?

Dr. Murray's paper on Enteric Fever shows a very thoughtful mind. This gentleman will be heard of again in our literature.

Dr. Clarke's Clinical Reports are rather hurried as to therapeutics, but what we might term the hospital technic is admirable. Dr. Torry Anderson's case we hope to reprint entire. The sticking to *one* medicine stands well out in this paper. If the able men now at our Hospital will but individualise, and give each remedy time to act, they will win for the Hospital a therapeutic reputation it has never yet possessed.

AN OBSTETRIC MENTOR.¹

THIS is a useful compilation that originated with the author in his desire to have the cream of homœopathic gynecological therapeutics brought together in one volume of a "pocketable" size.

The first chapter, on the Variations of Appetite and Taste, is excellent indeed, and is alone quite worth possessing; particularly are the *aversions* and the *desires for* likely to be of great practical utility. Under "Aversion to Butter" we miss our well-tryed friend *Sanguinaria*, a medicine more frequently indicated, with us, than either *Carbo Veg.*, *Chin.*, or *Merc.-Sol.*, or, perhaps, with the exception of the last-named.

Apomorphia also finds no place in the vomiting of pregnancy; it is our sheet anchor nevertheless. On page 20 we read that *Petroleum* is "*particularly (!) applicable to all (!) the gastroses of pregnant women.*" On page 21 we read under *Verat.-Alb.*, "Violent and profuse vomiting of *egesta (sic)* and bile." The philological flight under the head of "*Conium*" (p. 22), "*Terrible nausea and vomiting in women having scirrhosities (sic)*, is not to our liking, for although, ever since the days of Baron von Stoerk, *Conium* has been

¹ An Obstetric Mentor: a Handbook of Homœopathic Treatment required during Pregnancy, Parturition, and the Puerperal Season. By Clarence M. Conant, M.D. New York: A. L. Chatterton Publishing Company, 1884.

used in various kinds of indurations, why coin this hideously monstrous word?

The advice to pregnant women to use an enema of tepid water and soapsuds is bad. But on the whole this is a good and useful book, that busy obstetric practitioners will value highly as a really helpful mentor, and our author did a good work in compiling it.

COMPULSORY VACCINATION IN ENGLAND.¹

THIS is a telling *exposé* of some of the terrible things that are laid at the door of vaccination; that they are true for the most part is beyond question. If we allow for a little "colouring" on the part of some of Mr. Tebb's informants, and for a few errors of statement, the picture drawn still remains hellish in its hideousness. Here we are, Pasteur on one side and Tebb on the other—look on this picture and on that!

SIR LYON PLAYFAIR TAKEN TO PIECES AND DISPOSED OF.²

THIS is a very clear dissection of the speeches delivered in the House of Commons on 19th June, 1883, in defence of Compulsory Vaccination, by the above-named gentlemen. Whatever may be said for vaccination *per se*, compulsory vaccination is wrong in principle and rotten in practice, and we therefore welcome anything that shall help to alter the law and bring it into harmony with the private as well as the public conscience.

As lovers of law and liberty we hope at the next general election to hear ringing from the hustings the cry, "Down with compulsory vaccination." Personally we shall vote for the anti-compulsory vaccination man, whatever his political creed may be regarding the all-importance of the Buncumbe Tramway Bill. If compulsory vaccination, why not compulsory prayer-meetings, or compulsory clean shirts?

Mr. White's book is clever, racy, and conclusive, and is a clinched nail in the coffin of compulsory vaccination. Anti-

¹ Compulsory Vaccination in England. By William Tebb. London: E. W. Allen, 1884.

² Sir Lyon Playfair taken to Pieces and Disposed of; likewise Sir Charles W. Dilke, Bart. By William White. London: Edward W. Allen, 1884.

vaccinists ought to know by this time that they will never convince the conceited infallible owners and editors of *medical journals*, and that they will also *never* get fair play from them or *free* discussion in their pages. So our advice to all anti-vaccinists is to make it simply a question of political liberty, and *carry it to the hustings*.

Our oft-expressed opinion is that vaccination *does* offer a relative protection against small-pox, but its dangers are so great that, regarded as a matter of insurance, the *premium* is too high.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE RECENT MEDICAL VACCINATION MANIFESTO.

CICATRICES IN RELATION TO PROTECTION.

SIR,—One of the chief arguments relied upon by upholders of the Jennerian “safeguard,” is that protection against small-pox depends upon the number and quality of vaccine marks. Mr. Ernest Hart, in a letter to the *Echo* in reply to Mr. H. D. Dudgeon, says: “The proof of vaccination is derived from the presence on the arm of marks of vaccination, and nothing else;” and in his “Truth about Vaccination,” referring to Mr. Marson’s celebrated report and analysis of 5,982 cases in the small-pox hospitals, during sixteen years, 1836 to 1851, in which this theory was first broached, says: “It contributed not a little to convince Parliament, the public, and the medical profession of the expediency of compulsory vaccination,” and Dr. W. B. Carpenter, in his defence of vaccination, approvingly quotes Mr. Marson’s illustrations as “cogent facts, which to the scientific mind carry the assured conviction that if it were possible to enforce, not only vaccination in infancy, but revaccination at the age of sixteen to eighteen, small-pox might be as completely exterminated from our islands as it has been from Malta.” The Exeter Hall Committee of the recent Medical Vaccination Inquiry would therefore have been guilty of negligence

had they failed to elicit the experience and testimony of medical practitioners in the United Kingdom on this crucial point. The following question was therefore submitted to the 4,000 medical men: "What opinion do you hold as to the quantity and quality of vaccination, as determined by the cicatrices?" Mr. Thomas Baker's Analysis of Part I. of Dr. Makuna's "Transactions," shows that 27 medical men consider one cicatrix sufficient for all purposes, 25 require two, 24 recommend three, 92 prefer four, 10 insist on five, 5 desire six, whilst 28 declare that protection against small-pox is in proportion to the number of cicatrices—the more the better. Dr. A. H. Jacob, F.R.C.S.I., Dublin, avers that "cicatrix supplies doubtful evidence of protection." Dr. M. S. Bernard Roth, F.R.C.S., says, "One well-marked cicatrix is as good as half a dozen." Dr. James Matthews has several times proved that one good cicatrix is as good as a dozen. Dr. G. F. Henry, L.R.C.P., Bury St. Edmunds, declares, "One is as efficacious as fifty." Dr. D. H. Cullimore, London, "has seen some of the worst cases of small-pox amongst the revaccinated sepoys, with many marks, and some of the mildest amongst the non-vaccinated Indians." Dr. C. H. Hill, London, says, "The worst case I ever saw of post-vaccinal small-pox presented the very model of a vaccinated arm," and, while knocking over one of the most ingenious mysteries of the vaccine propagandists, this witness emphatically avows himself an unrelenting advocate of vaccine coercion, "as the ignorance and prejudice of the people incapacitates them from thinking for themselves." Dr. C. Holmes deprecates many cicatrices, from which he has "seen serious local mischief;" and so on throughout, one condemning *in toto* what another brother practitioner finds in every way desirable.

A correspondent of the *British Medical Journal*, July 10, 1880, who signs himself "Public Vaccinator," referring to Dr. Marson's theory, says, "Now if one, two, three, or four marks are so important, four more would be still more important; and if the former confers great immunity, twenty would confer greater. . . . Marson's statistics are obsolete for our present results." And in the Report of the Michigan (U.S.) State Board of Health for 1881, Dr. Welch says, "It is now fully established that a typical vaccine scar is no proof of the immunity of the individual from small-pox. We have admitted to the hospital . . . 711 cases of small-pox exhibiting typical cicatrices, of which 73 proved fatal." And

although this fine-spun theory upon which coercion has been founded by the State is shown to be fallacious, coercion still prevails, and more coercion is urgently demanded by many of the advocates of this inconsequent and incoherent prescription. The result of this inquiry has been to establish, according to the advocates of vaccination—1. Absolute certainty (on the evidence of two-thirds of the entire body of medical pathologists) as to the danger of imparting serious and fatal diseases by the operation. 2. The greatest *uncertainty* as to the protection (if any) afforded. 3. Utter contradiction and confusion as to the mode of operation, the kind of lymph required, the number of cicatrices necessary, and the advantages to be derived from the compulsory enforcement of the practice.

Such are the latest utterances of medical science concerning a prescription which has been vaunted by the chairman (Dr. C. R. Drysdale) as the greatest blessing in the history of medicine. Yet this beneficent discovery is so repugnant to human instincts, and is so frequently attended with mischievous (and sometimes with fatal) results, that thousands of intelligent Englishmen refuse to accept it without the aid of the policeman, and often prefer to undergo the seizure of their household goods, or to be committed to the prison cell.

Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London,
March 4th, 1884.

NEW REMEDIES (?).

DEAR SIR,—The search for some remedy to do duty where those in common use fail in the treatment of rare diseases, frequently results in the raking up of some old and obsolete preparation which in medical literature still has a reputation, but which from some cause (either a want of uniformity in composition, or an unstable constitution, or possessing alterable qualities) generally disappoints the physician who tries it, and hence reappears and disappears from notice periodically, having failed to sustain its reputation.

We might mention a large number of drugs of this class which have passed through our hands, but will not trespass on your space further than to refer to one of them—to wit, *Herniaria glabra* (rupture-wort), which has lately posed as a

new remedy ; but which, as far back as the time when Lin-næus named it, was credited with remarkable properties, which, however, were not recognised by the less credulous physicians of the day, and it was allowed to go into oblivion for a time, but subsequently reappeared as an "astringent and diuretic," and its juice, was said to "remove specks in the eye." Ultimately this plant was included in a German homœopathic pharmacopœia, published some four years ago ; but without any authority being given, as in other cases, or any reference to its literature or provings, and consequently nothing to suggest the probability of its being prescribed in England ; nor has any prescription for it reached us until within the last two months, when we have found it necessary to procure a supply.

Such being the history common to a large number of our medicines, we think the remark you made in reply to your correspondent "Ama," to the effect that "any *good* homœopathic chemist" should have it in stock, is rather severe on the "several homœopathic chemists in the City" from whom "Ama" endeavoured to obtain *Herniaria* in January, without success ; especially when City homœopathic chemists are not usually behind others in getting new remedies. We shall watch the future history of *Herniaria* with some interest.

We are, dear Sir,

Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, E.C., March 12, 1884.

[Our correspondents are fighting windmills. First, we have nowhere stated that *Herniaria* was a *new* remedy. Secondly, we did *not* make the remark that "any good homœopathic chemist should have it in stock." We brought a short notice of *Herniaria glabra* in our January issue (p. 10), and until we did this the remedy was not indeed new, but simply unknown and not used. Our correspondents tell us they have since then found it necessary to procure a supply ; we do not think this any great hardship. An eminent firm of chemists should not have their commercial equanimity disturbed by the fear of having by-and-by a few drachms of an inexpensive medicine left on their shelves because it had fallen into disuse. Our correspondents have a large and intelligent staff, suppose they institute a proving of *Herniaria glabra* on themselves, and so render us all a service ?—Ed. H. W.]

DR. SKINNER ON M. PASTEUR'S HOMŒOPATHY.

DEAR SIR,—If the italicised is not Homœopathy, what is it?

THOS. SKINNER, M.D.

25, Somerset Street, W., Feb. 27, 1884.

M. PASTEUR'S EXPERIMENTS.

M. Pasteur made an interesting communication to the Paris Academy of Sciences on Monday in relation to canine madness. His experiments had shown him that an injection in the region of the skull of the virus of rabies always produced the malady in an acute form, but that an injection in the veins only occasionally had acute results, being often followed by chronic affection only, without barking or ferocity. If a dog were inoculated with fragments of marrow or of nerve taken from a mad dog, the disease would be communicated. *M. Pasteur further stated that he had rendered twenty dogs proof against the disease by inoculating them with other virus than the virus of rabies.* Fowls and pigeons injected with the latter became affected, but soon recovered spontaneously.—*St. James's Gazette*, Feb. 27, 1884.

ANÆSTHETICS.

THE following letters, commenting on experiments made by M. Paul Bert on the production of anæsthesia by chloroform vapour, appeared in the *Times* :—

To the Editor of the Times.

Sir,—In the *Times* of Thursday last you give a short account of a communication to the French Academy of Sciences by M. Paul Bert. I have tried to obtain a full report, but have thus far failed. Feeling sure, however, that you have given us the whole pith of the matter, I think we should be thankful that the measure of the knowledge of the administration of anæsthetics is far fuller here than in the French capital, for so far back as 1849 Dr. Snow administered from a balloon 4 per cent. of chloroform vapour in proportion to the air, but after a few cases abandoned the plan, owing to the general inconvenience of his apparatus. A very few years after this date, my friend, colleague, and accomplished anæsthetist, the late Joseph Clover, with the

scientific acumen and mechanical ingenuity which he so richly possessed, devised a convenient form of apparatus, by means of which any one could administer any proportion of chloroform vapour in air he might wish. Mr. Clover invariably used $4\frac{1}{2}$ per cent. mixture. I followed pretty closely in his footsteps as his fellow-worker, but used a less proportion, $3\frac{3}{4}$ per cent. M. Paul Bert's would be equal to nearly 5 per cent. I need not say the results were as good in every way as M. Paul Bert's experiments; if not I think you will see they are far from new to most of us.

Your obedient servant,

GEORGE H. BAILEY.

9, Cavendish Place, W.

To the Editor of the Times.

Sir,—In the *Times* of Thursday last was published a paragraph which described the results of experiments lately made by M. Paul Bert on the production of anæsthesia by chloroform vapour, and communicated by him to the French Academy of Sciences. The anæsthetic vapour employed by him was composed of eight grammes of chloroform in 100 litres of air. Several advantages of this method of producing anæsthesia during surgical operations are described, and the paragraph concludes with the following words—"These advantages, including a saving of chloroform, are in favour of the new method."

The conclusions at which M. Paul Bert has arrived are not new to English surgeons nor to English administrators of anæsthetics. The late Mr. J. T. Clover was accustomed for years to administer chloroform in this way. His bag held 8,000 cubic inches of air, and to it he added about 200 or 250 minims of chloroform, according to the age and other peculiarities of the patient, which proportions are almost the same as those adopted by M. Bert. The results achieved by Mr. Clover and those who used his bag were those now rediscovered by M. Bert. A description of Mr. Clover's bag is given in Erichsen's "Science and Art of Surgery," 4th edition, published in 1864. I introduced the use of such a bag at Guy's Hospital when I was house surgeon in 1865, and constantly used it for about ten years afterwards, when I discarded it for the nitrous-oxide gas and ether apparatus, which is now used by many English anæsthetists. For, in spite of the greater safety of Clover's exact method of ad-

ministering chloroform, fatal accidents by that apparatus were after the lapse of years found to be not unknown, although of extremely rare occurrence. Mr. Clover and others were thus induced to seek for still safer anæsthetising agents. Such they found in the use of nitrous-oxide gas for short cases, as the extraction of teeth, and in the combination of nitrous-oxide gas and ether for longer surgical operations; and the experience of a dozen years with these agents in England confirms the wisdom of the change which has been widely adopted.

Your obedient servant,

GEORGE EATES, M.B.

Connaught Street, Hyde Park Square, W.,

January 28th.

REPORTS OF INSTITUTIONS.

THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL, ST. LEONARDS-ON-SEA.

For nearly three years a small house in the Southwater Road, St. Leonards, has been occupied as the Buchanan Ophthalmic and Cottage Hospital for the reception of patients under homœopathic treatment, preference being given to those suffering from injuries to or diseases of the eye.

Since the opening of the hospital the beds have been filled, and patients have frequently been refused admission for want of accommodation.

By the kindness of a few friends, who contributed at once for this object, a specially planned and more convenient building has been erected, on a site presented by C. G. Eversfield, Esq., in Springfield Road, Silverhill, St. Leonards-on-Sea, for the future Buchanan Hospital.

The cost, including surrounding walls, laying out of approaches, furniture, etc., will be about £3,500.

The new hospital will contain seventeen beds, two of the wards being specially adapted for the treatment of diseases of the eye. It will be ready for occupation in January, 1884.

As the trustees are most anxious that the building should be opened free from debt, they now appeal for the sum still needed, about £1,300. They are confident there are many

who will be found ready and able to assist an institution which is affording surgical and medical aid to seventy patients a year, and is restricted to that number for want of room only.

Subscriptions will be thankfully received and acknowledged by

The Treasurer, Buchanan Ophthalmic and Cottage Hospital, 24, Southwater Road, St. Leonards-on-Sea.

The Manager of the London and County Bank, Hastings.

T. Mason, Esq., 103, Marina, St. Leonards-on-Sea.

Rev. G. A. Foyster, All Saints' Rectory, Hastings.

Cheques should be made payable to the Buchanan Hospital, and crossed "London and County Bank," Hastings.

The able surgeon of this institution, Mr. C. Knox Shaw, of St. Leonards, may fairly be congratulated upon his eminent success.

MY DOCTOR.

Who, when I was first washed and dressed,
And nestled on my mother's breast,
With castor oil disturbed my rest?

My Doctor.

Who, when my teeth began to sprout,
A horrid instrument took out,
And hacked my tender gums about?

My Doctor.

Who, when the Jenner craze set in,
With cruel lancet scarred my skin,
And filled my veins with cow-vaccine?

My Doctor.

Who, when my youth was bright and gay,
"Here's too much blood," was wont to say,
And then drew half a pint away?

My Doctor.

Who, when I took a trifling ill,
To prove his therapeutic skill,
Forced down my throat black draught and pill?

My Doctor.

Who, when on slippery ice I fell,
Receiving bruise and cold as well,
Set loose my teeth with calomel?

My Doctor.

Who, when laid up himself with gout,
His own vile drugs was found to doubt,
And said he should get well without?

My Doctor.

Who trusted Hahnemann at last,
And turned his back upon the past,
Becoming a heter'dox outcast?

My Doctor.

Who, though then seriously ill,
And told by friends his gout must kill,
Was cured by homœopathic pill?

My Doctor.

To whom do now all sick men hie?
To whom do suffering babies fly?
Who cures with globules sweet and dry?

My Doctor.

Glasgow, Feb. 8, 1884.

G. L.

URINARY CASTS OUTSIDE OF BRIGHT'S DISEASE. — The *Lyon Medical* contains a report of two fatal cases of pneumonia in which casts were found in the urine and in which an autopsy supplemented by microscopical examination confirmed the entire absence of any lesion of the kidneys. Albuminuria was present in both cases. Other cases are cited where no autopsy was had on account of the recovery of the patients, but where the author believes, from the subsequent history, that no renal lesion existed.—*Medical Gazette*.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would

therefore beg that all literary matter and correspondence be sent to us as early as possible.

PROFESSIONAL ANNOUNCEMENTS.—With a view to facilitate business between our subscribers, we shall in future insert advertisements relating to practices (wanted or for disposal), partnerships, assistants, etc.; or to books, instruments, etc., for disposal, at a nominal charge of 1s. for thirty words.

BOOKS AND JOURNALS
RECEIVED.

- Calcutta Journal of Medicine,
September, 1883.
The Zoophilist, March 1.
The Guide, March, 1884.
Duty; or, Phoebe Katton's
Disappointment. By Fanny
H. Henslowe.
The Journal of Medicine
and Dosimetric Therapeutics,
March, 1884.
Hahnemannian Monthly.
Vol. VI., No. 2.
Medical Counselor, Feb. 1
and 15.
New York Medical Times,
February, 1884.
Compulsory Vaccination in
England. By William Tebb.
Dublin Journal of Medical
Science, Dec., 1883; Jan., 1884.
North American Journal of
Homeopathy, February.
Revista Homeopática Cata-
lana, No. 1.
American Homœopath, Vol.
X., No. 2.
Hastings and St. Leonards-
on-Sea as a Health and Plea-
sure Resort. 1884.
St. Louis Clinical Review,
January, 1884.
Monthly Homœopathic Re-
view, March.
Annals of the British Ho-
mœopathic Society.
Cheltenham Free Press,
March 8.
Illustrated and Descriptive
Prospectus and General Price
List. E. Gould and Son, Moor-
gate Street, E.C.
Traité Élémentaire de Ma-
tière Médicale Expérimentale
et de Therapeutique Positive.
Par le Dr. P. Jousset, 2 vols.
Paris: Baillière et Fils. 1884.

CORRESPONDENTS.

Communications received
from Mr. W. Tebb, London;
Dr. Skinner, London; Dr.
Pope, Tunbridge Wells; Dr.
Harmar Smith, Ramsgate;
Dr. Berridge, London; Dr.
Goullon, Weimar, Germany;
Dr. Orpen, Malvern Link;
Dr. Adrian Stokes, Sidmouth;
Dr. Tuthill Massy, Brighton;
Dr. Roth, London; Messrs.
Gould and Son, London; Dr.
Phillips, Bromley.

The Homeopathic World.

CONTENTS OF MARCH NUMBER.

LEADING AND GENERAL ARTICLES:—

- Our New Office.
Dangers of Herbalists.
An Open Door.
Cases Treated with the "Lower" and
"Lowest" Attenuations.
Sagacity and Morality of Plants.
A Deadly Plant.
Experience with New Remedies.
On the Physiological Action and Thera-
peutic Uses of Hydrastis Canadensis.
British Medicinal Plants.
Brief Clinical Notes, with Remarks.
Sanguinaria Canadensis.
The Therapeutic Drinking of Hot Water.
The Mullein Plant.
Rosenbach on Albuminuria.
Poisoning by Chlorate of Potash.
Dr. Richard Hughes's Lectures in Boston
University School of Medicine.
The Morbid Anatomy of Iodoform
Poisoning.
The Common Lupin as a Fodder Plant
in Orkney.
A Dangerous Weed.
- LITERATURE:—
Cough and Expectoration.
- CORRESPONDENCE:—
London Homœopathic Hospital Medical
School.
"M. D." on the Death of Earl Grosvenor.
The Recent Medical Manifesto.
Local Treatment.
Letter from Dr. Pompili, of Rome.
Dr. Gregg's Boiled Blood Experiments.
Where Can I Get Herniaria Glabra?
- REPORTS OF INSTITUTIONS:—
Hahnemann Convalescent Home,
Bournemouth.
Brighton Homœopathic Dispensary.
- SHORT NOTES, ANSWERS TO CORRESPON-
DENTS, ETC.

THE
HOMŒOPATHIC WORLD.

MAY 1, 1884.

DEAD AGAIN!

WE poor homœopaths have been said dead so many times that the thing has become a little monotonous. A kind friend sends us the April number of a journal called *Health*, and on page 426 has marked the following passages:—

“ There are few, if indeed any, physicians of the present day who believe in the two great fundamental principles of the founder of Homœopathy, that like cures like (‘similia similibus curantur’), or that medicinal substances are efficacious only after having been reduced to a wonderful degree of minuteness or dilution. It is, indeed, doubtful whether a true homœopath exists. Not a few of the so-called homœopaths are such in name only, in order that they may attract those patients who desire a novelty or something out of the common.”

Well, friend, we find here four separate statements. The first is that few, if indeed any, physicians of the present day believe in the fundamental principle, *similia similibus curantur*. Such a statement is easily made, and no doubt Dr. Andrew Wilson, F.R.S.E., who edits *Health*, thinks it a fine piece of information. Would this gentleman be *very* much surprised to learn that there are about *five thousand* physicians in the world who *do* believe, and that firmly, in the fundamental principle, *similia similibus curantur*?

The next statement is that there are few, if indeed any, physicians of the present day who believe in the fundamental principle that medicinal substances are efficacious only after having been reduced to a wonderful degree of minuteness or dilution. We quite agree here with Dr. Wilson, and so would Hahnemann, and so do all the said FIVE THOUSAND homœopathic physicians. We beg to inform Dr. Wilson that it was never a fundamental principle of the founder of Homœo-

pathy that medicinal substances are efficacious only after such reduction.

Our learned detractor's next statement is that it is doubtful whether a "true homœopath" exists. A true homœopath is one who believes in the law of similars; we have FIVE THOUSAND physicians in the world who believe in this law and are therefore "true homœopaths;" and the *élite* of the intelligence of the world embraces scores of thousands of "true homœopaths" in its numbers.

Finally, we are told that "not a few of the so-called homœopaths are such in name only, in order that they may attract those patients who desire a novelty, or something out of the common." We do not know how the learned editor of *Health* arrives at this curious conclusion, but he clearly has sources of information open to him that are closed to us. Homœopathy is about ninety years old, that's a fair age for a novelty certainly; and that Homœopathy is "something out of the common" is quite true, and as such it troubles itself but very little with such astounding ignorance and twaddle as this served up by the editor of *Health*.

CARDIAC ASTHMA CURED BY CANNABIS SATIVA.¹

By PROFESSOR GEORGE W. WINTERBURN, Ph.D., M.D., New York, Editor of the *American Homœopath*.

CANNABIS SATIVA is a remedy which we all use, more or less crudely, in gonorrhœa and allied affections. Dr. Berridge has given examples of a kind of dizzy headache cured by it; Dr. P. P. Wells has shown its value in the third stage of pneumonitis; Prof. A. E. Small praises it in humid asthma, and Dr. W. S. Searle mentions it as one of the remedies in coccygodynia.

The following case, the details of which I am about to narrate, is I believe unique. This patient was a petite, young German woman, twenty-seven years old, married, who had suffered from cardiac asthma for eight years. The trouble began when she was yet in her teens, before marriage, and several years prior to the date of her departure from her native village to find a new home in the western world. The change of climate and of environments did not,

¹ Written expressly for the *Homœopathic World*.

in any noticeable manner, alter the character or the severity of the dyspnoea, though year by year the attacks assumed a more aggravated form. I never saw her during any of these attacks, but they came on at irregular intervals, both waking and sleeping. She generally would be awakened after sleeping two or three hours with an agonising sense of suffocation which would compel her to rise, and which lasted from five to twenty minutes. This was accompanied by tumultuous beating of the heart, which seemed to her to thump so loudly as to be heard by every one in the room. The only position in which she could get any relief was sitting facing a table, with the elbows resting thereon and holding her head in her hands. In this position the pain in the precordia and the dyspnoea were greatly ameliorated, and she would sometimes fall into a dose, and so remain for an hour or more. Occasionally she would pass a night without a paroxysm, but more often she would have two or three in the course of the night. Unfortunately, these attacks were diurnal as well as nocturnal, being brought on by exertion at any time. Going up a flight of stairs, walking swiftly in the open air, sweeping a room, or even less vigorous exercise would precipitate an attack. During a paroxysm breathing was very laboured; wheezing loud enough to be heard in the next room, accompanied by a hacking cough without expectoration. The pulse when I saw her was very feeble, easily extinguished by pressure upon the artery (radial), and the expression of the countenance anxious, nay, almost terrified. Her anxiety to be cured was quite pitiful, and aroused in me the deepest interest.

The diaphragmatic breathing, the amelioration of all the symptoms when sitting leaned forward, the pressing agonising pain in the middle of the sternum, the sense of apprehension, and, above all, the feeble inefficient pulse during the interval, and the tumultuous pulse during the paroxysm, led me to give, after very carefully searching the *Materia Medica*, *Cannabis Sativa*. Perhaps I would not have been led to give this remedy save for another incident. Some time previously I had used in an acute gonorrhoea two-drop doses of tincture of *Cannabis*. This man, aged forty-seven, had cardiac stenosis, and the drug markedly increased the heart's action. I think that induced me, in the presence of the other symptoms, to decide upon this drug. I never was better repaid for conscientious study of a case in my life.

She received on May 27, 1880, eighteen two-grain

powders of the thirtieth trituration of *Cannabis Sativa*, with instructions to take one every four hours, and report in four or five days. She came back smiling on May 31, and stated that she had felt better the past forty-eight hours than she had done for years. She had, of course, had paroxysms of dyspnœa, but they were so much shorter and so much less severe that she looked forward to soon being permanently and completely relieved from them. The remedy was continued in the same potency and in the same manner as already stated for about one month. I saw her on June 3, 12, and 16, and at each interview she reported continuous and satisfactory improvement. After June 3 she had no more night attacks, and on June 12 she walked from Greenwich Avenue to the Manhattan Hospital, on Twenty-fifth Street, a distance of over a mile, on a hot summer afternoon, without a particle of discomfort. I subsequently attended her father and a sister-in-law, but, as far as I knew, she never had any return of the cardiac or asthmatic symptoms. I am very sorry that I failed to make a physical examination of the heart at her first visit to the hospital. It would be interesting to know just what the condition of the heart was at that time. Whatever it was, it was *cured*, much to the satisfaction of the patient; perhaps a more scientific survey would have resulted in a diagnosis of "incurable." Therefore let us be content.

RECOLLECTIONS OF A COUNTRY PHYSICIAN:
BEING THE TRIALS, TRIUMPHS, AND DISAPPOINTMENTS OF
PROFESSIONAL LIFE.

By GEORGE DUNN, M.D.

(Concluded from page 154.)

"ST. JAMES'S HOSPITAL.

"This day is the eleventh anniversary of the opening of St. James's Hospital for the reception and treatment of serious accidents, and cases of acute or contagious disease. During this time it has been, in a great measure, self-supporting; its doors have ever been open to those whose misfortune it has been to meet with grave accidents; all cases, whether of accident or acute disease, admitted within its walls have, with a single exception, recovered; in that

instance the injury was so serious that the patient died a few hours after his admission. These facts giving, as they do, abundant testimony to the utility of the institution to the town and neighbourhood, will, it is believed, prove eminently gratifying to its numerous well-wishers, as well as to those whose occupations are such as to render them liable at any moment to suffer from the very injuries for the relief of which it has been established. That the hospital (amply large enough for the requirements of the locality) has not been more generally availed of, is no fault of the founder; for, whilst treating the cases admitted under his own care on the homœopathic principle, he has never refused to those whose practice differs from his own the accommodation they may have required; and until those who, believing they need other arrangements, have completed them, the opportunities hitherto at their disposal will continue to be presented to them. The friends of Homœopathy (whose name is legion) might have justly hoped to have seen the curative capabilities of the rival systems of medicine, so fraught with good or evil to the entire human race, tested side by side; and this most certainly would have been done if *truth* were the sole object sought for. The founder's thanks are due, and are hereby gratefully tendered, to the lords, ladies, and gentlemen, who, unsolicited, kindly subscribed to the hospital; also to the 6,150 out-patients, who have come, and come again, for medicine, advice, or surgical aid. More especially are they due to the enlightened men of the Great Northern Railway, who have, ever since the opening of the hospital, appreciated its advantages, and have been its most constant, undeviating, steady, and liberal supporters; and the founder assures these his friends, and the public at large, that no exertion he is capable of, no sacrifice he ought to make, and no skill of which he may be master, shall be wanting to merit a continuance of such confidence and liberality. The founder cannot close this anniversary report without holding in grateful remembrance the munificent bequests of the late Mrs. Bower and Mrs. Sandars."

The founding of St. James's Hospital gave rise to much violent opposition, which succeeded in annoying and harassing me, but also succeeded in obtaining me the land for nothing, the gentleman from whom I bought it being disgusted at the unfair opposition I met with. I succeeded, however, and the hospital was formally opened

in February, 1853. The vicar preached an appropriate sermon, and from that day to the hour of its closing, did an immense amount of good work. About this time scarlet fever broke out in several quarters in the neighbourhood. I succeeded in *all* my cases, whilst my colleagues totally failed. My signal success in this epidemic won for me the confidence and goodwill of the squire of these parishes, and his most enlightened and highborn lady, and from being my enemy she became from that day my most sincere friend up to the day of her most lamented death. The hospital demanded much of my care, and my colleagues thought proper to deny their aid in operations, and I was driven to amputate and operate with only the aid of my hospital orderly. I soon lived down this pitiable bigotry, which I entirely owe to my self-help. I was called one day to a well-known and highly respectable gentleman, and found him suffering from empyema, which, of course, demanded an early operation. Here was a case requiring, if any did, the aid and support of a colleague, but as all had signed the round robin, I failed to obtain any. This was on a Friday, and as I knew I should be very much harassed the following market day, I determined to have a quiet night for this work, so I went at nine o'clock and drew from my patient's chest a large washhand basin full, a pint basin, and a half pint, of pus. The anxious and attentive wife of this gentleman is still living, and I trust in good health. My patient recovered, and this operation was much talked about, and a day or two after I met one of the *round robinners*, who asked me if it were true. I told him to ask Mrs. H. He then said he was very sorry he had signed the round robin, and added, "I'll assist you any time you require assistance." Closely following this case, I was called on one Saturday, when all my rooms, both at the hospital and at my private house, were crowded with country patients, to go into the North Riding, some miles beyond York, to visit a young lady, the only daughter of a very opulent landholder. I begged that the visit might be put off, but such cogent reasons were advanced that I determined to go, as there was only one train that would reach the neighbourhood that night, and the following day being Sunday, there were no trains at all. I had some difficulty in getting away, but we reached the station, where we found the carriage waiting, and I was introduced to a young lady who was sitting up in a chair with her left knee in horrible splints, and below the splints

plasters of various kinds. She had been attended by the local practitioners, and Mr. Teale, of Leeds, a very eminent surgeon, came over occasionally in consultation. With great difficulty I got permission to get the splints and plasters off, but after pleading that the case should be placed unreservedly in my hands for twelve hours, I succeeded, got the splints laid by, and the plasters completely washed and scraped off. Then I rolled the knee in new flannel. The patient on going to bed had had, nightly, *Morphine*, *Belladonna*, *Hyoscyamus*, and other anodynes. But I was assured that she had never *slept one hour for six months*. I gave her a small dose of medicine, desiring to be called if she did not sleep, and bade "good-night," glad to get to bed after a harassing day's work. I had the happiness to hear on the following morning that my patient had had a very good night, and all went well towards cure, but the knee was ankylosed. The lady is now in the enjoyment of good health, and does a great deal of good in the neighbourhood. I have said how my success in the scarlet fever gained me the confidence of a wealthy gentleman. He had an only son, who married, and during the honeymoon—I think it was—took the scarlet fever as well as his bride. On recovering from the acute attack they proceeded to Florence for the winter, and whilst there they got what was called *le fièvre du pays*, and the son, a most promising man, died from it. The widow, being *enceinte*, escaped, Providence sparing the parent for the sake of the offspring, but she was supposed to be suffering from consumption. She was brought by her husband's parents by very easy stages to London, where she consulted Drs. Williams, Fergusson, and Greme. These gentlemen saw her separately, then in consultation conjointly, and they pronounced her in the last stage of phthisis, and fortunately for me, they gave the parents their written opinions. She took leave of her aged and paralysed father, General —, and came into the country with a nurse to close her eyes, a prescription, a violent cough and dysentery, obliging her to have a suite of rooms apart from the family. She was taking quinine one day and steel the next, and this went on until she took the influenza, which was then going the round of the household, and my patients then begged her to leave the quinine and steel for the time being, and consult me *for the influenza*, which she did. I prescribed, and retired to find the parents waiting for me, who said, "I suppose, doctor, you are aware that Mrs. R. is in the last stage of consump-

tion?" I said it did not strike me. "Well," they said, "bring your stethoscope to-morrow, and then you will see that she is." On the following day I went over, and after telling me that she was much better, I asked to be allowed to examine her chest, to which she consented readily, and I found *not one single symptom of phthisis*. The parents were waiting for me, and said, "Now, doctor, you are convinced that Mrs. R. is in the last stage of consumption?" To their utter astonishment, I replied that Mrs. R. had not one symptom of phthisis. They said, "Well, doctor, we have had great confidence in you for some time, but if you say that, our confidence will be much shaken," and they produced the written opinion of the three great men I have named. I said they had asked my opinion, which they might treat *cum grano salis*, but that I was sure that I was right. Could it be possible for three such great men to be mistaken? I said yes, three hundred or three thousand. Then passed a good deal about parting with her father. It ended, however, in their sending a telegram to the patient's sister in Norwich, requesting her immediately to come to C. This sister passing through town on her way, called upon the doctors with my opinion, and they said, "The fellow is an ignorant quack! How does he account for this, that, and the other?" and the sister got a sheet of paper and put these questions down to confound me and put me to shame. The following day I rode over and found my patient's sister ready to pounce upon me as soon as I had seen the patient, and the examination began thus: "Mr. and Mrs. C. tell me that you say that my sister is not suffering from consumption!" I said, "Yes, I do." Then followed the doctors' questions, which I answered to my own satisfaction, if not to the satisfaction of my examiner. This ended, I was requested to retire for a few minutes, and on being summoned again, the sister said, "Doctor, we have agreed to place my sister under your care for a week, providing that you will promise at the end of the week, if you find yourself mistaken, to acknowledge it and give up the case." I made that promise, and then went again to my patient, and told her that she was now to come under my tender mercies, and she said, "If you can make me sit at table with the family I shall be for ever grateful to you." I said, "You shall eat a mince-pie before Christmas Day" (this was in November). She said, "If you talk so wildly I can have no confidence." I repeated that she should eat a mince-pie before Christmas Day, and *she did*.

I prescribed; in five days the dysentery was cured, and she joined the family table, and confidence was restored. Then I had a congested lung to clear out, which took ten days, and lastly, an ulcer in the trachea to cure, which required a month's treatment, when all her ailments vanished, and she bore her child at the proper time, and that child is now a very amiable lady, heiress to an immense fortune, and is doing a great deal of good to every one, except to the poor country apothecary—"sic transit gloria."

One day I was sauntering down the High Street, when I was accosted by Mr. H., a druggist, who said, "I have been looking for you two hours." "Praying to God," I said, "that you might not find me." He then told me that his wife would not be satisfied for Charlie to die without me seeing him. At this I was much surprised, as I had attended the family for some years, as we were only about a hundred yards from his shop. I went at once with him, and went to the cot-side of a little fellow whose inspirations were sixty-five the minute, his eyes turned up—in short, he was moribund; and I said to the mother, "Of course you are aware that your child is dying?" "Yes," she said, "but I shall never have another happy day if you don't do something for him." I said it was too late. However, her pleadings were so earnest, that I ran for the medicine, but stopped half way, saying to myself, what a fool I am! But the thought of the mother impelled me on, and I took the medicine and ran and put a drop on the little fellow's tongue. I sat down to observe the effect, and was glad to hear softer breathing. In five minutes, the doctor who had been attending came into the room, and going to the cot-side and listening said, "I am sure Charlie is breathing better." He then said, "Well, there is nothing but blistering and ammonia for it, is there, doctor?" I replied that blisters would take some time, and there was no time to spare, and I thought one dose of ammonia would choke the child; but, I added, "I was not aware that you were still in attendance," and rose to take my leave, when Mrs. H. seized me by my coat, and said, "Whether my boy lives or dies I insist on your attending him," and then the doctor took his leave. This was a case of double pneumonia, and in twenty-four hours I sent him into the country, the smell of the drugs sadly retarding the poor boy's recovery. He grew up a fine youth, hated me most cordially, and died at twenty-one or two consumptive; both father and doctor are still living.

The principal innkeeper of the town came to me one morning to say that his son Charlie was very ill in London, and the doctors seemed to be doing him no good, and that he had sent for him and he would arrive at three o'clock, and requested me to receive him. I did so, and found him with a very weak pulse, and ordered him to be carried upstairs to bed, and after he had somewhat recovered from the exertion I examined him and found him to be suffering from dilatation of the heart. I requested him to be very quiet, prescribed for him, and saw him two or three times a day. On the third day after his arrival I asked him if he had been training for a race, such as rowing, running, or jumping? He said "No." "Well," I said, "you have been flogging your heart so hard that it has broken down, and although it will make no difference in the treatment, I should like to know how you have brought your heart into this condition." He then asked me not to tell his parents, and said for the last two months he had been up all night dancing, merely going home in the morning to change his clothes, and breakfast, and then going to the warehouse. A day or two after this conversation the father asked me if I should object to have a consultation with Dr. T., of Sheffield, who was coming over to see the landlady of "The Leopard Inn" (what appropriate names the innkeepers give to their houses—leopards, lions of every hue, tigers, bears, cats, etc., etc.). I replied that I should only be too glad. He then said that he would ask the doctor to call on me and I could come with him. The doctor asked me what was the matter with my patient, but I evaded the question, thinking if he was such a great gun he would find it out as I had to do. He tried two or three times to elicit my opinion on our way, but I was reticent, saying that he should see the patient. On arriving at the hotel I introduced the doctor to Mr. P., and the doctor said, "Your doctor has not told me what is the matter with your son," when Mr. P. said, "You shall see him, sir," and ushered us into the bedroom of the patient, and, stethoscope in hand, he began to turn my patient about, much to my dread. At length he said, "The chest is very dull over the left side." I replied that it was, and after asking a few questions, he said, "We will get into another room to consult," when the doctor said, "There is great congestion of the left lung, and he must be rubbed with mercurial liniment night and morning, and take a grain and a half of calomel three times a day." I then said, "Doctor,

that youth is suffering from dilatation of the heart; if I gave him a grain of calomel I should kill him." On this he turned on his heel and did not speak to me for ten years after, when we met, shook hands, and said we had been estranged long enough. I have mentioned this case to show once more that men who make a great name are not necessarily great men, or, at all events, like little folk, are liable to make mistakes.

The next salient case is one of a very rich gentleman, residing at that time about nine miles from me. I was called at midnight to go and see a Mr. William A., who the groom, who came in hot haste, said was dying. I drove as fast as my horse could go, and was ushered into my patient's bedroom. His breathing was very short, and evidently very painful; pulse scarcely to be felt. I requested him not to talk, and ordered him a glass of sherry, and that a mutton chop should be prepared as soon as possible. Mrs. A., as well as the patient, seemed vastly surprised, but as my patient soon recovered, joy took the place of weeping, and I then learnt that Mr. A. had sprained a fibre in the calf of the leg, which had been bandaged by the local doctor, but as no improvement took place, Mr. Hey, of Leeds, had (he was a friend of the patient's) been summoned in consultation. He pronounced the case one of gout, for which colchicum in free doses was prescribed. My patient was deficient in fibre, but inclined to obesity, and being confined to bed and put on farinaceous diet, the heart was rendered weak, and the colchicum nearly closed the scene. Sherry, mutton chops, and no medicine, set the gentleman on his legs, and I am happy to hear that he is in good health and as rich as a Rothschild. "But if he is not rich for me, what care I how rich he be?"

USE OF WATER IN THE DIETARY OF YOUNG CHILDREN.—
Dr. Charles Remsen calls attention to the ignorance among the laity in regard to the amount of water required by children. The taking of an insufficient quantity of water gives rise to indigestion, colic, diarrhoea, fever, restlessness, etc., all of which frequently disappear on the child receiving the much-needed drink. If more care were directed toward giving children a proper amount of water and restricting their hours of nursing and feeding, the mortality due to hot weather would decrease and less would be heard about the troubles of teething.—*New York Medical Journal.*

SUDDEN DEATH FOLLOWING AN INJECTION OF MORPHINE IN ANGINA PECTORIS.

DR. RUNEBERG relates the case of a man who suffered from frequent attacks of angina pectoris, but who appeared to be perfectly healthy in the intervals, and in whom nothing abnormal could be discovered concerning the heart. Dr. Runeberg saw him in one very severe attack which lasted then twenty-four hours. He was very restless, and complained of severe pain in the precordial region. In order to lessen the pain and to make an examination of the heart more easy, the author gave him a subcutaneous injection of one-fourth grain of morphine. A few minutes later the patient gave a shudder, opened his eyes (the pupils were widely dilated), and, after two or three sighing respirations, died. The autopsy showed a dilated heart, in the walls of which were numerous points, some hard and cartilaginous, others soft and of a reddish-yellow colour. The aorta and coronary arteries were atheromatous.—*Finska Läkaresällskapet's Handlingar* and *Midland Medical Miscellany*.

THE COUGH OF OSMIUM.

By J. COMPTON BURNETT, M.D.

SOME eight years since I was consulted by Captain —, of the port of Liverpool, for a cough that was particularly characterised by *noise*; the cough seemed to “come up out of his boots,” and the noise was as if produced by resonance from the somatic parietes, much like the sound heard when one coughs into an empty tub, though not quite so hollow.

From a study of the case I was led to *Osmium*, which produces, pathogenetically, “Paroxysms of convulsive coughing;” “Violent short bursts of cough;” “Very violent paroxysms of cough;” “Dry racking cough;” “Difficult wheezing respiration.”

Clearly the cough of *Osmium* and that of my sea captain were very much alike. I was finally differentially determined in my diagnosis of the remedy more particularly by the remarks of one of its best provers, Dr. Adrian Stokes.

My captain's cough was so very peculiar in its resounding. For instance, Captain — was fond of idling in public parks, sitting on the benches amongst the flowers, smoking his pipe and watching the passers-by, and in this innocent

pastime he was greatly annoyed by his cough, as it made such a noise all along the bench that others, being seated on it, would rise and leave. His lungs were slightly emphysematous, but otherwise quite healthy.

Osmium promptly cured this cough.

Since then I have cured many a similar cough with *Osmium*. The last was that of a young lady who consulted me on March 7, 1884. She thus described her cough: "Cough very noisy, dry and hard, coming from low down, and shaking her body a good deal." *Osmium* 6, three drops of the tincture, in water, every three hours, quite cured it in a few days, although it was a well-established one.

I have found testicular and ovarian irritation a valuable concomitant quality of the osmic cough; see hereant Dr. Stokes's proving and notes thereto.

The man who proves one good remedy well does more to influence the practice of scientific medicine for all time than do the "big practice" owners of the generation all put together.

London, March 26, 1884.

MR. SIMS REEVES HIS OWN DOCTOR.

"I AM my own doctor, and you may be sure I know my own throat, the ills that it is subject to, and the remedies that are needed, better than any one can tell me. I follow the homœopathic method, and use homœopathic medicines. Look here," said he, drawing himself up to his full height and expanding his chest, "I am as robust now, as full of health, vitality, and vigour as ever I was. Why, I think nothing of a twelve-mile walk, and often enough put on the gloves or have a bout with the foils or the sticks with my son." And, truth to say, Mr. Reeves looks the very pink of condition, and would make a very awkward antagonist in a set-to. "How do you manage to take exercise now, Mr. Reeves; with such a cold wind and under so murky a sky you could not venture out?" "I have walked for four hours this morning—dressing-room, bedroom, sitting-room, in at one door out at the other, counting the patterns in the carpets, at high pressure, at low pressure, like a wild beast in a cage; but my exercise I must have. And here am I, as robust and energetic as a schoolboy. But, then, see what it

is to be a tenor. Then I hum a snatch of a song, from opera, oratorio, ballad, as the fit takes me." Mr. Reeves illustrated his method more than once, wandering restlessly round the room with his hands in his pockets, looking wistfully into the street, humming, as he said, an air, touching a note on the piano, talking the while in those beautiful soft, mellow tones that have captivated so many ears and hearts. "And at home I perform my daily task round my billiard-table." A game of billiards and a hand at dummy whist are two of Mr. Reeves's favourite amusements.—*Liverpool Express*, March 28, 1884.

ERIGERON IN ILEUS; KALMIA IN ALBUMINURIA; CUPRUM IN VAGINISIMUS.

IN the March number of the *American Homœopath* we read the following pithy correspondence:—

"Chicago, Jan. 22, 1884.

"Dear Dr. Winterburn,—Allow me to ask you to give the specific indications for '*Erigeron in ileus, Kalmia in albuminuria, and Cuprum in vaginismus,*' to which you alluded on page 33 of January number. These uses are new to me.—Yours truly, E. M. HALE.

["Having used these three remedies successfully in the disorders named I supposed, perhaps erroneously, that they were well known to the profession; herein being like the intoxicated individual who imagines that everybody else is drunk.

"As for *Erigeron*, I got that kink from Prof. E. M. Hale, of Chicago. He spoke so highly of it in his '*Therapeutics of the New Remedies*' (fourth edition), that I obtained an ounce of the oil, from which I made the third decimal trituration. This we used at the Manhattan Hospital in many cases while I was there. Besides using it in hæmorrhages, dysmenorrhœa, and gonorrhœa, I had an opportunity to use it twice in ileus, being led to it by Prof. Hale's remarks, *ibid*, page 222. In both cases it acted with great promptness, the anti-peristaltic action ceasing, and a normal action of the bowels, with immediate mitigation of the distress, occurring within less than two hours after the administration of the remedy. It was given in enema as he

directs for tympanitis, and in two-grain doses of the third decimal, every fifteen minutes, dry on the tongue. It happened that both cases were rheumatic subjects, and that the condition was apparently superinduced by cold.

Kalmia, as a remedy for albuminuria, has been in use in this longitude for a score of years. The first recorded case, as far as I am aware, may be found in the *American Homœopathic Review*, vol. iii., p. 366, February, 1863. The article—' *Kalmia Latifolia* in Bright's Disease'—is contributed by Dr. B. C. Macy, of Dobb's Ferry, New York; and the diagnosis is corroborated by Dr. Carroll Dunham. My own attention was called to the drug by Prof. Burdick, some years ago, in a case of albuminuria following scarlet fever, which refused to yield to either *Hepar*, *Apis*, or *Arsenicum*. *Kalmia* proved to be the right remedy. Prof. Burdick has used this remedy in many scores of cases with success, and he estimates that it will help in fully 70 per cent. of all cases, including post-diphtheretic, puerperal, and from other recognised causes. My experience leads me to begin usually with the sixth potency; but it is often necessary to go down to the second, first, or even the tincture, before the full power of the medicine is developed. On the other hand, I have seen cases, unrelieved by low dilutions, begin to mend as soon as given the thirtieth or two hundredth. I now always give it the preference if albumen in the urine is associated with pains in the extremities or in the back (rheumatic), or with irregular, paroxysmal pains in various parts (neuralgic), or with heart complications. Lilienthal and Lippe recommend it. Raue mentions it in nephritis, but not especially in albuminuria. Hering's proving contains only the symptom: Frequent micturition of large quantities of yellow urine.

"As for *Cuprum* in vaginismus, I am afraid I must own up to being the originator of that idea without knowing it. I was greatly astonished, I will confess, to-day, in trying to corroborate my own experience by finding that none of our *Materia Medica* men speak of it in cramp of the vagina. The beautiful way in which it cured a case for me about four years ago seems to have made such an impression upon my mind as to have led me to imagine it was a usual prescription in that distressing disorder. This lady had suffered from vaginismus from the time of her first (and only) pregnancy nine years previously. She had had the best of allopathic treatment, both here and in Europe. The

spasms came on in attacks lasting from ten minutes to two hours, five or six times a day, and at the menstrual nixus were almost continuous. These spasms were so severe as to cause visible movements. A finger introduced into the vagina would be clasped with such energy as to absolutely numb sensation. Just why I gave *Cuprum* I cannot now tell, but it was my first and only prescription. Possibly it was because of the twitchings of the fingers and toes, even during sleep, which accompanied the vaginismus. However, give *Cuprum* I did, and in the fifteenth potency. It wiped out the whole trouble in two or three weeks. Some time afterwards there was a slight recurrence of these cramps, but they were quickly *non est* on taking a few doses of the remedy. I think she has had none now for three years.—G. W. W.”]

DIABETES AND PANCREATIC DISEASE.

At a late meeting of the Academy of Medicine in Ireland, the subject of the connection of acute diabetes with pancreatic disease was discussed. Dr. Duffey reported a case of diabetes occurring in a farm-labourer, aged twenty-four, the duration of which, from the first recognition of the characteristic symptoms of the disease until his death, was two months. There was a sudden onset of abdominal pain, vomiting, and diarrhœa, a week before death, the mode of which was, as is usual in acute cases, by coma. Nothing remarkable was observed by the naked eye at the *post-mortem* examination, with the exception of the condition of the pancreas. This gland was hypertrophied, and felt extremely indurated, the hardness being due (as the microscopic sections made by Mr. Abraham showed) to carcinomatous infiltration. It was well known and remarkable that a diseased state of the pancreas should so frequently be found associated with diabetes. In these cases, the pancreas seemed to be more frequently atrophied than hypertrophied. In acute forms of the disease there might not be sufficient time before the death for the atrophic change, which generally followed the primary inflammatory enlargement of the gland, to occur. There were, on the other hand, numerous records to show that the pancreas might be diseased, apart from any glycosuria. At the same time, there was evidence to show a connection between certain morbid lesions of the pancreas

and diabetes, constituting a particular type of that disease. He discussed the views of Klebs and Lauder Brunton in explanation of the assumed co-existence, and referred briefly to the subject of carcinoma of the pancreas.

THE REASON OF THE FAITH THAT IS IN ME.

By SAMUEL SWAN, M.D., New York.

FOR some years I have been the recipient of notices (far from flattering) in the journals on account of alleged departures from the teaching and practice of Hahnemann, especially because of my discovery that "morbific products would cure the disease which produced them if given in a high potency," and also because of my formula of potentiation of remedies, in that I had no right to call them centesimal because they were not made in accordance with Hahnemann's formula.

In my pamphlet entitled "Nosodes and High Potencies," I gave an account of cures, of cases that were not likely to recover without medicine, that were sufficient to carry conviction to any unprejudiced mind that those were remedies of great value. Instead of an honest acceptance of the facts, and admitting that the remedies were worth proving, even if the knowledge of their therapeutic powers had come in through a back door, an attempt was made to belittle them as insignificant and unworthy of notice. Now I propose to show that I have the authority of Hahnemann on my side in both counts of the indictment preferred against me, and also that *he was the original discoverer and promulgator of the so-called "heresy."*

First, as to potencies: According to Hahnemann's formula for potentising, it would require ten hundred drops of water to one drop of tincture to make the tenth centesimal potency, filling the vial with one hundred drops of water, and emptying each time. But because I allowed the entire ten hundred drops to flow in and out of the vial in a continuous stream, and called it the tenth centesimal potency, I was denounced in the journals and in the lecture-room.

Hahnemann states (*Chronic Diseases*, vol. i., page 119) as follows: "*In order to obtain it (the best mercurial preparation) as perfect as possible and with the least trouble (for the greatest simplicity should be observed in preparing homœo-*

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pathic remedies), *it is better to follow the method which I shall indicate below.* (Italics are mine.) *Take a grain of the purest liquid Quicksilver and triturate it for three hours with three hundred grains of Sugar of Milk, taking one hundred grains at a time and triturating them for an hour. In this way you obtain the millionth degree of trituration,*” or the third centesimal potency. Observe, that he does not say, take one grain of the first one hundred grains after triturating and add one hundred grains of Sugar, as he afterwards proposed, but he added one hundred grains of Sugar each time to the quantity already triturated.

Now, if it is admissible to add three hundred grains of Sugar to one grain of liquid Quicksilver, and after triturating it for three hours, in sections of one hundred grains at a time, and calling it the one-millionth degree of trituration, equivalent to the third centesimal potency, why is it not admissible for me to take one grain of a drug, and ten hundred grains of sugar, and triturating them with such a quantity of sugar in sections as is most convenient, to call it the tenth centesimal potency? And if the rule holds good with grains and triturations, why not with drops and dilutions?

I have endeavoured to state the above without any distortion of language or meaning, and I wish to call attention to the fact that Hahnemann does not denounce or condemn any other mode of preparation, but says that this is the “*better*” way, and by this mode it is obtained “*as perfect as possible,*” but does not say it was the *best*.

Every little while some one attempts to prove by figures that my preparations are very low potencies, and that those made by other processes are much higher. Hahnemann, in his *Lesser Writings*, says: “*There can be no standard for measuring the degree of dynamic potency, except the degree of reaction of the vital force.*” This is the experience of all who have ever used high potencies, and they were not induced to use them on account of their notation, or from any theory of their action, but because experience had taught them that the higher the potency the better and quicker they acted. As my mode of potentising and notation were published, so that all might see that there was no cryptoform manipulation in their manufacture, every physician that uses them has a definite idea which potency to prescribe in a given case, from an experience which he would be compelled to have

before using high potencies made as Hahnemann subsequently advised.

High potencies are not a *necessity*, but a very valuable *accessory* in the healing art. Hahnemann did not believe in attempting to gauge the value of a potency by mathematical calculation. On page 820, *Lesser Writings*, he refers to "those arithmeticians who seek to limit nature and render her contemptible by applying their multiplication table to the phenomena of her illimitable forces."

Hahnemann considered succussion important in the preparation of remedies, in order to procure not only a thorough admixture, but subsequent disintegration of the molecules, even after they had passed that stage where the degree of dynamic potentiation rendered measuring impossible. He justifies this conclusion by further stating, that the reason why one drop of tincture could not medicate the Lake of Geneva or a hogshead of water, was simply because of the impossibility of a thorough and complete mixture and impregnation.

As regards morbid products (isopathic), Hahnemann says (*Chronic Diseases*, vol. i., p. 195): "In the subsequent list of antipsoric remedies no isopathic remedies are mentioned." The reason he gives is, "that their effects upon the *healthy* organism have not yet been *sufficiently* ascertained." It would seem from this *that he had these isopathic remedies, had potentized them* (see reference to the various degrees of potency of *Psorin*, p. 195), *had used them on the sick, had found how valuable they were, had partially proved them on healthy organisms*, but not so *thoroughly* as to warrant his giving them to the profession.

He thus disposes of isopathy. On p. 196, *Chronic Diseases*, he says: "*I call Psorin a homœopathic antipsoric, because if the preparation (potentization) of Psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same identical virus.*"

The corollary is inevitable. The potentization of the isopathic product *makes it homœopathic to the disease which produces it*, and it cannot have any effect on that disease *till* potentized, but *when* potentized it does have an effect, and the effect must be homœopathic, and therefore of necessity a curative effect, or, in other words, "*Morbific matter will cure the disease which produces it if given in the highest attenuations.*"

Had not Hahnemann tried morbid products empirically on those sick of the diseases which had produced those products, he would not have said that unless these were so altered by potentization they never could "have any effect on an organism tainted with that same identical virus."

I withdraw my claim to the discovery of the LAW in favour of Hahnemann, and only claim that others, as well as myself, have verified the truth of his great discovery.

As there is a tendency in the human mind to range at will where there is no law, Hahnemann formulated his vast experience in a certain mode of preparing remedies, in a certain mode of proving remedies, in a certain manner of examining patients, and in a certain mode of selecting and administering the remedy, knowing if those rules were closely followed, and united to a careful and thorough study of the action of drugs as revealed by their provings, greater success would result than from any other mode, as all of his faithful followers have demonstrated.

Hahnemann did not make public any remedy, no matter how much *he* knew about it, till it had been proved according to the rule he had laid down, but in the same volume he gives some of the toxical effects of psora, syphilis, and sycosis, which were probably the "keynotes" from which he prescribed for those "tainted with that same identical virus." He evidently believed that later the problem of the use of these morbid products would be solved, as he says in the footnote of paragraph 56, p. 194, in the *Organon*, "but supposing this were possible, and it would deserve the name of a valuable discovery, etc." The problem *is* solved by using those products in the *high potencies*.

In my researches in this field, I had no object in view other than to enlarge the armamentarium of our school with valuable remedies, ascertaining their powers, by prescribing them in accordance with the well-known toxical effect of the miasms, and by clinical experience, to interest observing physicians, that they might be induced to prove them. The remedies could only cure homœopathically, and as they *do* cure, it shows that they were homœopathic in those cases narrated. All I ask is an unprejudiced examination of this statement, and if I am in error, show me wherein.

PSORINUM: CLINICAL REFLECTIONS.

By AD. LIPPE, M.D., Philadelphia.

ISOPATHY is a method of curing diseases, first advanced by Lux, which he based on the principle *œqualia œqualibus curantur*. In accordance with this principle, all contagious diseases carry with them in the shape of their infectious matter their curative remedy. Lux drew his deductions from the well-established fact that vaccination proved to be a preventive against small-pox. The vaccine *then* in use successfully was taken from cows suffering from a disease peculiar to them, and this animal poison (a cow-nosode), if used for vaccinating mankind, did certainly *then* diminish the susceptibility to small-pox; or, to express ourselves clearly, fewer were attacked by small-pox after the introduction of vaccination by Jenner. The present mode of vaccination with human scabs or with the artificially produced disease in cows, by a vaccination with human virus, is a "parody on vaccination," and is followed only too often by worse diseases than small-pox. We make these passing remarks only to show the utter fallacy of basing a system of cure on a basis so utterly untenable. A system of cure, furthermore, which only claims to cure infectious diseases can never be regarded as a universal system of cure—such as the Healing Art promulgated by Samuel Hahnemann, and by him called Homœopathy, which is applicable in all forms of non-surgical diseases. If we take into consideration the variety of causes which produce disease, and how easily they may be cured in said manner (labour-saving method), and how little the art of individualisation, the great accomplishment of a true healer, comes into play, which art should be an absolute necessity if a permanent and speedy cure is to be accomplished; if we reflect that the homœopaths have so very often remarked that there seldom or *never* exist two persons who suffer from exactly the same symptoms, but that different persons present *unusual* symptoms, dependent on their own individuality—we are forced to the conclusion that Isopathy is an abortion of Homœopathy and an absolute absurdity as a method of cure.

Among the eccentric followers of Lux we find the early friend and co-labourer of Hahnemann, Dr. Gross; Hahnemann mentions his apostasy in the preface to the *Organon*, where he deals with Isopathy in a foot-note. Dr. Gross had

listened to the premature and extravagant promises held out by Lux and did advance into Isopathy and became an eccentric defender of that absurdity. Upon mature reflection he returned to pure and simple Homœopathy, and the bubble burst. Isopathy was for the time abandoned.

The isopathists of the Lux order were not the first men who introduced all sorts of nastiness into the Pharmacopœia. Paulini wrote in 1687 his *Pharmacopœia*, which comprised excrements of all kinds, urine, placenta, worms, all sorts and parts of animals well powdered (trituated?), the deer horn of the narwhal was to cure all cases of poisoning and every contagion, the effusion of the viper was a specific for all debilities, and sterility was to be cured with the pulverised testicles of a ram.

Hahnemann gave in the *Chronic Diseases* his reasons for not including among the antipsoric remedies the nosode *Psorinum*, and his very valid reason was that *Psorinum* was not sufficiently proved. Not only a proving of a drug was in those days considered necessary before a new remedy could be incorporated into our *Materia Medica*, but it was considered absolutely necessary to have the provings verified by the clinical experiment, and therefore *Psorinum* had—to wait for verifications.

If Isopathy was correct, in the propositions made by Lux of old, and also by the reviver of Lux's apostasy, the *Psorinum* would cure all and every case of the "itch." The fact is that as far as we know *Psorinum* has rarely ever cured a case of the "itch" proper, *scabies sicca*. The clinical experiments of this now well-proved remedy show very singular cures when it was administered under the exclusive law of similars. We find, for instance, a case related in *Rueckert's Homœopathic Therapia*.

Psorinum 30, one globule dissolved in 4 oz. of water for three days, one tablespoonful a day, relieved a case of religious melancholy in an epileptic patient.

Psorinum 30, two globules in seven doses, one dose given every fortnight, cured almost completely a scrofulous inflammation of the eyelids. The eyelids were covered with thick crusts; at the same time almost the whole body was covered with a bran-like tetter.

Psorinum 30, two globules repeated every eight days, cured in a boy inguinal hernia reaching down to the testicles. The hernial sack, in consequence of previous inflammations,

contained a large quantity of water—complete cure (Archiv. XIV. 2; p. 136).

Psorinum appears to be one of the remedies in chronic constipation (Allg. Hom. Ztg. 2, p. 69).

Psorinum 30, two globules, two doses eight days apart, cured a case of hydrocele caused by repeated inflammation in consequence of pressure from a truss.

Psorinum seems to be effective in certain forms of dry coryza with stoppage of the nose (Allg. Hom. Ztg. II. p. 69).

Psorinum 10 cured a dry cough with dyspnoea and a pain in the chest as if it were raw and scratched (Arch. XII. 2, p. 90).

Psorinum 2 was useful in not far advanced phthisis pulmonalis purulenta (Allg. Hom. Ztg. V. p. 107).

Psorinum in repeated doses prevented the suppuration of tubercles in the lungs. Symptoms: Dull pressure extending from the right side all over the chest; aggravated by bending forward; mostly dry cough with expectoration of small, lumpy masses; very much exhausted by talking; the voice is not hoarse but full; much tired from preaching; chest contracted; shoulders standing forward.

Psorinum 30, three pellets, a dose once a month, removed chronic rheumatism in the limbs with a dry eruption on the wrists.

Psorinum 30, repeated three times, removed almost entirely a pain in the knee caused by a fall a year ago.

Psorinum 30, two doses, cured in a child an offensive smelling crusty eruption extending over the whole face which for three months had completely closed the eyes (Arch. XIV. 3, p. 132).

Psorinum 30, three doses, a previous tetter on the arm with small, millet-like eruption exuding a yellow fluid. The eruption itches intensely in the heat.

Psorinum 30, three doses every month, once cured a dry tetter on the wrists with rheumatism in the limbs.

Psorinum cured in three days a copper-coloured eruption on (the top of) the hand.

Psorinum, two doses, cured in a month a moist scab behind the ears with dry tetter on the back of the head, on both cheeks extending upward to the eyes and downward to the corners of the mouth, reddish, very closely packed, millet-seed-like, itching, dry pimples, with frequent loose stools, in a child one and a half years old.

Psorinum 30, one dose cured in a month the eruption in the

face of a child. The whole face was covered by a crust, lips and eyelids were swollen, aversion to light, large, moistening spots on the head and behind the ears (Allg. Hom. Ztg. IV. p. 14).

Psorinum 30, two doses in a fortnight cured large condylomata located and extending around the edge of the prepuce, moist, itching, and at times burning, at the same time involuntary urinary secretion at night and frequent micturition during the day, small quantities being emitted, with burning in the condylomata and the urethra, ulcerated lips and dry tetter in the bends of the knee (Allg. Hom. Ztg. IV. p. 14).

Psorinum, two doses, cured a malignant boil. Symptoms: On the hand a cone-shaped scab the size of a quarter of a dollar, on a base as large again, bluish red and strongly demarcated; where the scab extends over the ring there is another white moist ring which forms a new scab. The whole causes much tension and burning (Allg. Hom. Ztg. III. p. 117).

Psorinum is recommended by Gutt. Archiv. 14, 2, 137, as a possible successful remedy in hydrocele; he recommends it referring to a cure of a case of hernia with accumulation of water in the hernial sack. Later cases of hydrocele cured with *Psorinum* have been reported.

Psorinum has often cured the consequences of itch suppressed by the use of sulphur ointment.

Psorinum has some very prominent guiding symptoms, as, for instance, dyspnoea, worse when sitting up and relieved by lying down; congestion to the head after dinner; great despondency predominates.

This collection of clinical reports, made in former years, shows that while *Psorinum* is by no means a specific for the "itch," the results of careful provings have enabled the healer to make good use of it in a great variety of ailments. It is obvious that the assertions of the isopathist are a fallacy; it is obvious that in former years the 30th potency did cure the sick when the remedy was homœopathic to the case; it is obvious that its homœopathicity depended on the similarity of the symptoms of the patient with those observed on the provers; it is also obvious that the symptoms of the itch miasm do not constitute a proving, as has been claimed by some, who also claim that *Syphilinum* and other nosodes have been sufficiently proved in the sufferings of those in-

fect, that no other provings were necessary, *but* instead of an old-fashioned proving they must be "highly potentised" and thereby become reliable, truly homœopathic remedies. Where is "the logic" of these eccentric men? Jenner's small-pox preventive is the corner-stone on which is built the new labour-saving healing art. A poor foundation at best for anything; but if, for mere argument's sake, we admit the correctness of Jenner's theory, what relation can morbid products of sick men have to the morbid product of a lower animal? Again, for argument's sake, suppose he is exempt, what comfort can thereby come to the advocates of modern Luxism with a variation. Jenner's remedy is the morbid product of a cow disease transferred on man to protect him against small-pox. The modern advocates of Luxism with a variation claim that the morbid product of a disease taken from one human being *if highly potentised* (that is, the variation) will cure the same disease in others; and that is boldly claimed to be "Homœopathy." Since when does Homœopathy treat diseases—we mean forms of diseases?

Hahnemann tells us in paragraph 153 of his *Organon*: "The search for a homœopathic specific remedy consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon, and peculiar* (characteristic) features of the case are especially, and almost exclusively, considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure."

What we want are "provings"—*genuine provings*, not symptoms accidentally cured by the haphazard administration of an unproved *but* highly potentised remedy to be set down as symptoms absolutely obtained by proving the drug on the healthy, that is laborious, and this is exactly where the shoe pinches. We hope we have shown the absurdity of Luxism with and without modern (ingenious?) variations, and we have chosen to give clinical reflections on *Psorinum*, one of the well-proved nosodes, to show the proper and only practicable method to "advance." Sober and logical reflections will convince every sensible man in what manner we may advance and develop the healing art.—*Homœopathic Physician.*

LEAVES FROM A BOTANIST'S NOTE BOOK—THE
NETTLE.

WE are favoured with the following clipping from the *Northern Leader* :—

The nettle, although a troublesome plant, and not possessing any striking beauty of form or colour, is yet most interesting from a botanical point of view. In a strange inexplicable way it follows man in his migrations over the earth, and ever flourishes best close to human habitations. It lingers on in those spots where man has lived long after he has gone, as if it were the guardian spirit of the place, keeping alive the memory of the departed. An old roofless cottage with a luxuriant growth of nettles is a favourable spot to meditate on the fleeting nature of earthly things.

The first thing that attracts our attention in the nettle, perhaps in a disagreeable way, is the sting. Of what use is it, we are inclined to ask? Before going into this question let us examine the nature of this curious weapon itself. It is essentially a tube tapering to a fine point and swelling out into a bulb at the base. The point is protected by a sort of minute cap or button. When this is broken off, a poisonous fluid contained in the bulb is discharged through the tube. The fine point, which the cap protects, makes the wound by which the poison enters the blood. It is not, of course, the exceedingly minute puncture which causes the pain, but the irritant qualities of the fluid. So much for the structure: now for the use. The idea that at once suggests itself is that in some way they protect the plant. But what does the nettle require protection against? Its sting certainly does not protect it from those hairy dark-coloured caterpillars which we so often see devouring its leaves. The butterflies either carefully avoid the stings when laying their eggs, or are not affected by them; and they do not seem to harm the caterpillar. We are inclined to think they might inflict a very severe wound on its soft body, and yet it flourishes in its dangerous nursery as well as its relations on safer ground.

Doubtless when the creatures are young the points of the sting will be out of reach of their bodies; but it is difficult to conceive how they escape when they grow bigger, and have to pass from leaf to leaf. But plants have a variety of enemies among the insect tribe, and if the stings do not protect the nettle against one set they may do so against

another. It has been suggested by some botanists that the hairs, bristles, and other appendages found in grasses and other plants are defences against the wingless insects which come to steal the pollen. This may be the case with the nettle. It would certainly be a difficult and dangerous task for such an insect to reach its flowers through the forest of formidable defences which clothe the stem and leaves. Doubtless, too, the sting may protect the plant from grazing animals. In our three species of nettles, the common, the small, and the Roman, fertilisation is accomplished in an interesting manner. In the first, the male and female flowers are on different plants, while in the other two, though still distinct, they are on the same plant. The pollen-bearing flower consists of four sepals and four stamens. The stamens are longer than the sepals, elastic and each coiled up within a sepal. When the bud opens, the elastic stamens, suddenly released from confinement, spring out with force and scatter abroad a miniature cloud of pollen to fertilise the neighbouring pistil-bearing blossoms. Under these circumstances Mr. Grant Allen's statement that the nettle is a purely wind-fertilised flower is scarcely correct. If a breeze happens to be blowing at the time the blossom expands, it will aid the dispersion of the pollen, but that is all.

In examining the flowers of the nettle, we find that certain parts of a typical flower are absent. Thus in one of the sets of flowers there is simply an outer whorl of four green pieces forming the calyx, and an inner whorl of four stamens opposite to them.

In the other set are likewise four sepals, two being extremely minute, and in the centre a pistil.

The order to which the nettle belongs is represented in Britain by the three species of nettle, the hop, the pellitory, and the elms. It is important economically since it furnishes valuable fibres, fruits, and timber. One member furnishes hemp and by an interesting process has given rise to the curious word assassin. Since hemp and assassin are often closely connected physically it is interesting to know that there is likewise an etymological connection. The following (see Lane's "Modern Egyptians" vol ii., p. 33) is given as the origin of the word:—The dried leaves and capsules of the plant called "hasheesh" were employed in the East to produce a sort of intoxication. Hashshash means a smoker of hasheesh, and its plural hashshasheen is the origin of our word assassin. Hashshasheen was applied to rioters as a

term of reproach, and assassin was the name given to the Arab warriors in the time of the crusades who made use of intoxicating drugs to render their enemies insensible.

And the nettle itself has capabilities of usefulness too, though they are neglected. Are we not informed in works of gardening that they make a delicious and wholesome dish of spring greens? Is it not recorded of Andrew Fairservice that he forced them for early kale?

Moreover, it possesses a fibre which may be used as a substitute for hemp. Lastly its leaves furnish food for two of our most lovely butterflies, the Scarlet Admiral and the Peacock, during their larval stage.

Thus the nettle, although physically an unpleasant neighbour, has its redeeming qualities, and well repays that careful study by which alone the fascinating secrets of Nature can be learned.

[Our botanist might have added that the nettle is a very notable homœopathic remedy for nettle-rash.—Ed. *H. W.*]

THE SPECIFIC NATURE OF JEQUIRITY OPHTHALMIA.

THE subject of jequirity ophthalmia, says the *Medical Times*, which has engaged the attention of ophthalmologists and others a great deal of late, receives a valuable contribution from Dr. Klein, in a paper published in the last number of the *Centralblatt für die Medicinischen Wissenschaften*. A theory was propounded in the course of last summer by Dr. Sattler, that this peculiar form of ophthalmia had its origin in a special bacillus or its spores, believed to be present in the jequirity infusion. Dr. Klein's experimental investigation of the question has led him to meet this theory with a direct contradiction. Taking all possible precautions to sterilise the infusions employed, and to render septic contamination impossible at any stage of his proceedings, he successively injected portions of sterilised infusion into a clear cultivation material (solution of peptone), and beneath the conjunctivæ of the rabbit. The former was preserved in the usual manner, at a given temperature, and after twenty-four hours showed no trace of turbidity or any evidence of the development of micro-organisms, whilst in the same lapse of time an intense ophthalmia was set up in the

inoculated animals. After another twenty-four hours the microscope failed to detect any sign of a bacillus, either in the cultivation fluid or in the purulent discharges from the affected eyes, nor did the pus so discharged appear to have any infective power whatever. From these experiments it becomes clear that the active principle of the freshly-prepared infusion has the power of producing ophthalmia independently of the presence of any micro-organism, and that the preliminary boiling of the infusion, which has been observed to render it innocuous, must not be attributed to the destruction of the bacilli as suggested by Dr. Sattler.

BRIEF CLINICAL NOTES, WITH REMARKS.

By DR. HARMAR SMITH.

(Continued from p. 177.)

Remarks on Case 8.—The treatment of this case continued for thirty days, during twenty-two of which *Hepar Sulph.* was given, and on seventeen of which it was given without alternation with any other medicine. On the 30th of January there was no diminution in the size or hardness of the tumour, and from this date till February 16th, when it was completely gone, the *Hepar* was only omitted for a single day. The complete solution of this large and indurated mass of fibrinous exudation, without sloughing, was a striking illustration of the power of the remedy. No doubt such cases are not unfrequently met with by medical men in extensive practice, especially now that this medicine has been absorbed into the practice of the old school. Very few cases, however, illustrating its action are recorded in our literature. Thus I have looked through the indices of the first thirty-three volumes of the *British Journal of Homœopathy*, and found only one case in which *Hepar* was given in areolar induration or suppuration. This case occurs in the sixth volume of this journal, page 233, and is one in which this medicine rapidly reduced extreme swelling of the tonsils and averted the threatened suppuration. Dr. Hughes refers to the same case in his valuable Lectures on Pharmacodynamics (1880). It seems to prove how hard it is to find cases illustrative of even well-proved medicines, that a writer of such extensive research, should be reduced to the necessity of going back for

more than thirty years, to find a case confirmatory of his remarks on the value of *Hepar* in threatened suppuration.

In my own case suppuration commenced on the surface of the tumour, but was cut short by the *Hepar*, the solid mass remaining after this superficial action had ceased, as large and hard as before. It was then gradually softened, and absorbed, without any destruction of tissue, or any further constitutional disturbance.

Dr. Ringer, who speaks enthusiastically of the virtues of *Hepar* (of which he of course first learned the value from our provings, though he has evidently had considerable experience of its curative value), describes it as, in some cases of carbuncle, "melting the core into healthy pus," but does not appear to perceive that it may produce complete absorption of the core, without suppuration, or after superficial suppuration has terminated.

I was at first inclined to think that the case was one of deep-seated phlegmonous erysipelas, and I suppose the diagnosis between these two forms of inflammation of the connective tissue would be acknowledged to be difficult, until it becomes evident that the disease is a carbuncle, by the inflammation becoming circumscribed by the formation of a circumambient layer of fibrine.

Case 9.—Dropsy of right leg cured by *Apis Mellifica*.

Miss —, æt. eighty-two.—Feb. 1st, 1884.—This old lady was only just convalescent from a very severe attack of dysenteric diarrhoea, which had left her in a very debilitated condition, when, on this day week, in the absence of her attendants, she got out of bed, and managed to get across the floor of her bedroom and to reach the next apartment, where she fell violently. She fractured a rib, and got a severe chill before she was found and got back to her bed. She has not suffered much from the effects of the fracture, but the right leg and foot have become swollen from the knee downwards. Tinct. *Arnica* and *Pulsatilla*.

7th.—Leg rather less swollen. Continue medicines.

12th.—Received a telegram saying that there was an increase in the swelling of the right leg and foot.

I found that this report was correct, and that there was anasarca of the whole of the leg and foot, also that there was a very irritable eczematous eruption covering the leg, and that the sole of the foot was covered with wheals of nettle-rash. Urine scanty, but natural; have examined for albumen several times both before and since this date, but without

success. There are no symptoms of disease of the kidneys, heart, lungs, or liver; the œdema appears to be inflammatory and idiopathic.

To take a fraction of a drop of *Liq. Arsenicalis* every hour or two.

13th.—Much the same. *Rhus* in alternation with the *Arsenicum*, and apply a weak *Belladonna* lotion.

16th.—œdema and eruption much the same; cuticle of the calf has exfoliated, leaving a large raw surface. General tenderness of the leg, the least touch painful.

To sling the foot, on account both of the œdema and state of the skin. Apply salad oil with the *Belladonna* lotion.

It now occurred to me that *Apis* (a remedy of which I have not had much experience) was a medicine whose symptoms exactly covered those of my patient, and I made a memorandum in my case-book that "I should be much disappointed if *Apis* did not cause a great improvement in the symptoms," but I now see that this was a very inadequate expression of what this valuable remedy was able to effect in a case to which it was so exactly homœopathic.

Apis 2x, one drop every hour.

18th.—There was a very decided medicinal aggravation after a few doses of the medicine had been taken, especially in the shape of "burning, stinging pains" in the affected leg. My patient's very intelligent niece, perceiving the cause of the exacerbation of the symptoms, at once discontinued the medicine. Improvement to-day.

Apis 2x, half a drop every three hours.

20th.—Less œdema; shrivelling of cuticle; rash and redness of skin much less. *Apis* 2 cent.

22nd.—Further improvement. Continue *Apis* 2 cent.

28th.—Further lessening of swelling, and the ocular testimony to this fact is verified by measurement. Eruption nearly well. Considerable increase in quantity of urine.

Continue *Apis* 2 cent.

March 7th.—Size of leg and foot nearly normal. A few scabs only remain on the skin. Continue *Apis* 2 cent.

March 11th.—Has been up a few days, and had the leg down, and consequently a slight return of swelling of foot in the evening. Discontinue medicine.

19th.—Leg natural size. Discontinued my visits.

April 15th.—A few days ago I received a letter from my patient's niece, giving the last measurements she had made, which showed a perfectly normal condition, and to-day made

a casual visit and found my patient downstairs and quite well, except some weakness of the legs, the right leg not showing the slightest trace of swelling, or even any roughness of the skin.

It is remarkable, too, that after one disease so quickly following the other, leading to such a protracted illness, she states that she has not lost flesh, but is as plump as she was six months ago.

I must reserve giving the comparative measurements of the leg, and a few rough remarks on the pathogenesis of *Apis*, for another month.

South View House, Ramsgate,
April 15th, 1884.

Obituary.

JOSEPH H. PULTE, M.D.

STRANGE to say, most of the American homœopathic journals practically ignore the death of this distinguished homœopathic physician.

We are indebted to Dr. Washington Epps for the following:—

DEATH OF DR. PULTE.

Dr. Joseph H. Pulte died at his residence, on Walnut Street, early Sunday morning. He had suffered much from inability to sleep or take food, but retained consciousness until within an hour of his death, which he was calmly awaiting. He was in his seventy-third year.

Dr. Pulte was the son of a distinguished German physician, and the director of one of the Government institutions for the education of midwives. Completing a classical course at the Gymnasium of Soest and a medical course at the University of Marburg, he came to this country in 1834. He was induced to visit Cherryville, Pa., where an acquaintance with Dr. Wm. Wesselhoest led to his becoming an enthusiastic student of the homœopathic system. Six years later he set out for St. Louis, but was induced to stop over for a few days in Cincinnati, and without so intending and before he was hardly aware of it, he was established here in the practice of his profession. That fall he was married to

Miss Mary Rollins, of Pittsburg, a lady who soon became greatly interested in the extension and honour of Homœopathy, and often assisted her husband in his professional duties.

In the intervals of his work as a practitioner, Dr. Pulte wrote a work in German entitled "Oranon of the History of the World," which was published in 1846. His purpose in this work was to develop a philosophy of history and its elevation to the rank of one of the natural sciences. The work was regarded with favour by Humboldt, Guizot, Schelling, Bryant, and others. In 1850 he published a work on "Domestic Practice," which had a large sale in this country, and was reprinted in London and translated into Spanish. He was one of the editors of the *American Magazine of Homœopathy and Hydropathy* during the three years it was published, and in 1853 he published the "Woman's Medical Guide." This work also was republished in England and translated into Spanish.

Dr. Pulte was probably the first to urge the practicability of girding the world with the telegraph. During a visit to Europe in 1848 he brought the subject to the attention of several Governments, and through Humboldt was in a way to secure important aid from the Emperor of Russia, when the Hungarian war broke out and the project was frustrated. A memorial upon the same subject, prepared by Dr. Pulte, was presented to the U. S. Senate by Salmon P. Chase, and received some attention from that body. Dr. P.'s plan was to carry the wires across Behring's Straits and thence across Asia to the principal cities of Europe. The same idea was afterwards taken up by Major Collins, and in another way has since been carried into effect.

In 1852 Dr. Pulte accepted the clinical chair in the Homœopathic College in Cleveland, and he afterwards filled the Chair of Obstetrics in the same institution. The Homœopathic School in Cincinnati takes its name from him, and up to 1872 he was one of its lecturers. A year later a severe illness led to his withdrawal from the active practice of his profession. His remaining years were quietly passed in this city.

LITERATURE.

UTERINE THERAPEUTICS.¹

THE author of this important and useful work is an eminent and scholarly man, and he, in the work before us, lays us all under considerable obligation.

"Minton's Uterine Therapeutics" is a large volume, well got up and strongly bound; in fact it is rather too large to our taste, having no fewer than seven hundred and ten pages. As Dr. Minton is a notable scholar we did not quite expect "ovaritis" to receive his sanction by being used in a classical work like the one before us, which, by the way, is singularly free from errors, whether philologic, typographic, or otherwise. The work is thoroughly good and a credit alike to the author, to the publisher, and to our school, and we therefore very cordially commend it to the profession, more particularly to those whose practices are largely gynæcologic. For the general practitioner it is rather too much spread out, while for the semi-specialist this will be an advantage; it is often just the additional differential symptom that helps to the choice of the right remedy.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

HOMŒOPATHY IN THE TREATMENT OF
CATARACT.

WHEN any given medical individual steps forward out of the ranks and propounds a certain proposition—for instance, the curability of cataract by medicines—he meets most probably with jeerings and derisive insinuations. If he be capable of holding his own he will not allow himself to be pushed aside or sneered back by the halt and blind who move only in the little grooves traced by tradition, and who

¹ Uterine Therapeutics. By Henry Minton, A.M., M.D., editor of the *Homœopathic Journal of Obstetrics*, and "Diseases of Women and Children." New York: A. L. Chatterton Publishing Company, 1884.

are ever ready to pounce upon any one in whom they can sniff a little heresy or independent individuality. If said medical individual can hold his own long enough, his position—if a true one—will be by-and-by corroborated by independent observers. We have received the following letter from Dr. Tuthill Massy, of Brighton :—

MY DEAR DOCTOR,—I enclose you a wonderful case of cataract from Tasmania by Colonel Shaw. I sent him your works. You can refer to them as you think best, but his getting comparatively well at eighty-one is worth your publishing.

Yours truly,

R. TUTHILL MASSY.

18, Powis Road, Brighton,
March 11, 1884.

P.S.—It was the third dilution I sent.—R. T. M.

Colonel Shaw's letter :—

To the Editor of the " Tasmanian Daily Telegraph."

Sir,—Some months ago I was verging onwards to entire blindness. My left eye had become entirely sightless, and my right one very delicate. This was owing to the formation of cataracts. This state of things became known to my excellent and very dear friend Dr. Richard Tuthill Massy, of Brighton, who has written several superior books upon Homœopathy. He sent me a treatise, which propounded the fact that cataract could be removed by drug treatment; and not this alone, but he sent me homœopathic medicine to take. The sight of my left eye is now returning to it, and my right one is becoming greatly stronger.

I feel it to be an evident Christian duty to my fellow-men to publish the benefit which I am deriving from the treatment of Homœopathy. It appears to me that the laws of this colony in reference to the practice of curative processes are a direct infringement upon the liberty of the subject, and stand in need of reformation. What a monstrous absurdity it is that a man who has made the discovery that there is a better mode of curing disease must become licensed to practise a worse one before he is allowed to practise and to make cures with the better one. I subjoin the treatment I went through :—

Patient, age eighty-one; eyes almost useless, lids much

inflamed. Treatment began by giving alternate doses of *Sulphur* and *Calcarea Carb.*, one drop at night in a wine-glass of water, at the same time bathing the eyes (closed), face, and temples with hot water, as hot as can be borne with comfort, using cold water in the morning. This treatment was continued for a month. Then *Belladonna* was given, dose one drop to a tablespoonful of water, three times a day. This has been continued for six months, as steadily as possible, and the eyes bathed occasionally with a weak solution of *Calendula* (fifteen drops to a large cup of water). This has greatly lessened the irritation of the eyelids, and the eyes continue to improve slowly but surely.

Yours, etc.,

M. M. SHAW, Col. E.I.A.

Launceston, Tasmania.

INFINITESIMALS IN BYGONE TIMES.

SIR,—Enclosed is a letter from Rev. Andrew Jukes, giving an extract (translated by himself) from the old Greek Scholiast on *Hermes Trismegistus*. You will see it expresses the infinitesimal method with curious felicity. Can you make use of it?

Yours truly,

R. M. THEOBALD, M.A., M.R.C.S.

23, Davies Street, Berkeley Square, W.,
28th March, 1884.

“Dear Doctor,—The following is the extract I mentioned to you last night from the old *Greek Scholiast* on *The Golden Treatise of Hermes Trismegistus*. It is part of *Section III.* :—

“It is only by extending, extenuating, and purifying the bodies of metals, and this by degrees, that the life lying dormant in them is excited and made to appear. For the life which dwells in the metals is laid as it were asleep in sense, nor can it exert its powers or show itself unless the bodies be first dissolved and turned into their radical source; being brought to this degree at length, by the abundance of their internal light, they communicate their tinging property to other imperfect bodies, transmuting them into a fixed and permanent substance. *And this is the property of our medicine, into which the previous bodies of the spirit are*

reduced, that at first one part thereof will tinge ten parts of an imperfect body, then one hundred, then a thousand, and so infinitely on. AND BY HOW MUCH THE OFTENER THE MEDICINE IS DISSOLVED, BY SO MUCH THE MORE IT INCREASES IN VIRTUE, which, otherwise, without any more solution, would remain in its single or simple state of perfection. Here then is a celestial and divine fountain set open, which no man is able to draw dry.'

"Such is the extract. I sent it some years ago to George Fenton Cameron, and he told me (if I remember right) that he should send it to some homœopathic magazine, but whether he did so, or whether it was ever printed, I do not know.

"Of course you will remember that with all the old alchemists the true 'subject' was man. He it was who, whether as lead or copper or iron, was to be melted and triturated and broken and dissolved, by all this melting and trituration to be first changed himself from outward and carnal to inward and spiritual, and so be fitted and empowered in his own self-dissolution to 'tinge' others.

"But in any point of view the extract is curious, considering when it was written and where it comes from.

"Yours very truly,

"ANDREW JUKES.

"Upper Eglinton Road, Woolwich,

"March 23, 1884."

DANGER OF OBTAINING MEDICINES AT THE STORES.

SIR,—We have just received the following communication, omitting names only, which are not essential to the present purpose—viz., of exposing a real danger where security and safety ought, and generally is felt, to exist.

Yours, etc.,

WALKER AND MARTEN.

55, Maddox Street, W.,
April 4th, 1884.

"Gentlemen,—I am sure that it would be right to put before you a case which ought to be inquired into for the safety of people ignorant about medicine and for the good of Homœopathy also.

"I had believed that the practice of selling deadly poisons was entirely prohibited by law (excepting on certain conditions), yet a lady, a few days ago, bought a box of so-called 'homœopathic medicines' at the '— Stores,' which were all, with the exception of three, in the 'mother tinctures.' *Aconite, Arsenic, Belladonna, Bryonia, Nux. V., Pulsatilla,* and others, all in the 'mother tinctures,' marked ϕ (*Hepar 6* and *Mercurius Viv. 5,* and *Sulph. 1*).

"The box was one of —'s, marked with — name. The book of directions was —, but there were no labels of any chemist's name on the bottles.

"The lady who bought these dangerous 'medicines' was not aware of their nature; yet, as she thought them '*rather strong*,' she did not, fortunately, follow the directions in the book, but she herself and another lady were made ill by taking them. Lest others should be subject to such a wicked and dangerous practice as this sale of poisons, I am sure you will do your best to put it before medical men—especially homœopathic medical men—and it is to be hoped that a stop may be put to it, or great mischief may be done.

"I am, gentlemen, yours faithfully,

" ———"

LETTER FROM DR. CLARK ON GREAT INTELLECTS AND HOMŒOPATHY.

SIR,—the following letter was addressed by me to the editor of the *Medical Times*. Up to the present it has not appeared in that journal. I therefore send you a copy in case you may think fit to insert it in your pages.

I am, Sir,

Yours faithfully,

April 21st.

JOHN H. CLARK.

To the Editor of the Medical Times.

Sir,—Whilst cordially agreeing with your suggestion that some of the ways of the orthodox in Medicine—the exhibition of trades-unionism, the sacrifice of patients' interests to an effete etiquette, disloyalty to conscience, and lapses into quackery—may have had a large share in disgusting keen-witted and right-thinking men with the orthodox medical creed (whatever that may be); and whilst fully endorsing your concluding pious ejaculation in reference to those ways—

“Let us mend them!”—still, I cannot think you do justice to the great minds whose inner workings you seek to interpret, when you hint that they have no stronger reason than this for putting their trust in Homœopathy in matters of life and death.

You say, “Homœopathy is a superstition, and its followers are happy in holding tenets without a rag of evidence to support them. But it would be absurd to credit men like the late Lord Beaconsfield and Sir W. Siemens with a similar kink in their brains.” To a simple-minded reader like myself the second of these sentences seems in a strange way to contradict the first; but, if you will allow me, I think I shall be able, by disposing of the first, to show more satisfactorily than the writer of the paragraph has been able to do, that the “kink in the brain” hypothesis is unnecessary. “The proof of the pudding is in the eating;” and the proof of Homœopathy is in the trying. The question of the value of the rule, *Similia similibus curentur* (Let likes be treated by likes), not *similes similibus curantur* (which it is no concern of mine to translate), cannot be settled by *a priori* reasoning or scientific theorising; it is a question of fact.

I will say nothing of the opportunities the great men in question may have had of observing the effects of homœopathic treatment in their own families and persons, and of comparing it with treatment of other kinds; I will take an instance about which there can be no question. It will not be denied that cholera is a very real disease, and one that is not altogether amenable to treatment directed solely to the imagination. In the cholera epidemic of 1854 the Homœopathic Hospital, then situated in Golden Square, was cleared for the reception of cholera cases only. A Government inspector (Dr. Macloughlin) was appointed to report on the treatment. Dr. Macloughlin belonged to the dominant school, and brought his prejudices with him to the work of inspection; but his candour and generosity were greater than his prejudices. Writing to Mr. Cameron, one of the medical officers of the hospital, he said, “All I saw were true cases of cholera, in the various stages of the disease; and I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other.” The mortality, according to Dr. Macloughlin’s return, was 16·4 per cent.; the mortality in the other hospitals was 51·8 per cent.

Again; when the cholera broke out in Vienna in 1836, the Homœopathic Hospital was converted by the municipal government into a cholera hospital, and placed under the care of Dr. Fleischmann, a celebrated homœopathic practitioner. 732 cases were treated, with a mortality of 33 per cent., the mortality in the ordinary hospitals being 66 per cent. The success of homœopathic treatment in this instance led to the repeal of the laws against Homœopathy in Austria.

Here, then, are two "rags of evidence" in support of what you are pleased to term a superstition. They are *mere* rags compared with the great body of evidence that might be adduced; but they have this advantage, that their genuineness is attested by the Government stamp, and, in the one case,¹ by the voucher of an inspector, a scientific expert, prejudiced against the treatment he was appointed to inspect. I submit, then, that the difficulty experienced by the writer of the paragraph in understanding how Homœopathy could win the confidence of such men as John Bright, Lord Beaconsfield, Lord Cairns, and Sir W. Siemens—he might have increased and diversified his list by adding the names of Archbishop Whately, Indian heroes and general officers by the dozen, the present Lord Chancellor, and the chiefs of the Italian Opera—is not so very great after all. Homœopathy has positive attractions as well as the negative one of the sympathy excited by the treatment it has received at the hands of the orthodox.

At the same time, I do not deny that the overbearing conduct of the orthodox has played its part, and I will conclude this letter by quoting an instance. At least one of the four celebrities mentioned remembers an incident that occurred in Parliament relative to the before-mentioned cholera return. A committee, presided over by Dr. Paris, president of the College of Physicians, was appointed by the Board of Health to report to Parliament on the results of the various methods of treating cholera pursued in the different institutions, and this committee refused to take any notice of the results of the treatment at the homœopathic hospital, though these were reported to the committee by their own inspector. This high-handed and unfair treatment was censured in Parliament; and the report of the

¹ I find I have here understated the matter. In both cases the statistics were vouched for by allopathic medical inspectors, those of Vienna by three instead of one.—J. H. C.

Homœopathic Hospital was ordered to be printed in a Blue Book, where it may now be found.

I am, Sir, your obedient servant,

JOHN H. CLARKE, M.D. Edin.

15, St. George's Terrace, Gloucester Road, S.W.,

April 14.

REPORTS OF INSTITUTIONS.

THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL.

THE *Hastings and St. Leonards Times* says:—

“One of the neatest and most complete additions to our public buildings is the Buchanan Ophthalmic and Cottage Hospital, which has recently been erected on a plot of ground situate at the junction of London Road and Springfield Road, St. Leonards. The situation is very suitable, and the most has been made of the site, which was given for the purpose by Mr. C. G. Eversfield, with whose unbounded generosity the residents of our borough are acquainted. Some considerable difficulty was experienced in preparing for the erection of the building, inasmuch as the ground sloped to a considerable extent, and had to be levelled before building operations could be commenced. Although it has a frontage towards London Road—an easterly aspect,—yet it is sheltered from northerly and easterly winds by two rows of houses, while to add still more to the snugness of the situation, it stands a few feet below the level of the road, with sloping banks (surrounding the lawn in front) planted with shrubs. Towards the west a cheerful view of arable and pasture land, with a villa or two partly enshrouded by trees, presents itself, while towards the south a glimpse of the sloping green banks of the adjacent valley is to be obtained. The architecture is Elizabethan, and the plan was designed by Mr. W. Hay Murray, under whose supervision the work of construction has been carried out by Messrs. Eldridge and Cruttenden. The interior, although not entirely complete at present, is in every respect neat and comfortable, all the decorations being in warm neutral tints and the floors being stained.

"The opening ceremony took place on Thursday afternoon, March 27, when there was a large and fashionable attendance. The short service was conducted in the entrance-hall, the various wards being occupied by the spectators, as was also the large staircase and landing.

"Soon after three o'clock, the place being crowded, the Rev. Canon Kingsbury proceeded to conduct the first part of the opening ceremony, which consisted of some of the prayers and responses from the Book of Common Prayer, the collects being those for the fourth Sunday in Lent and Ash Wednesday. The Psalms selected were the xli. and the cxlvi. At the conclusion of the chanting of the latter, the Rev. Hughes read the first lesson, which was taken from Isaiah lviii. 6—11, after which Hymn 368 (A. and M.) was joined in by those assembled, and the Rev. E. Venables read the 30th and 34th verses of St. Mark's Gospel. The next hymn was the 20th (A. and M.):

"At even, ere the sun was set,
The sick, O Lord, around Thee lay;
Oh, in what divers pains they met!
Oh, with what joy they went away!"

Before proceeding to the opening of the building, Canon Kingsbury offered up prayer, and afterwards proceeded to give an address, in the course of which he said they had met together that afternoon to discharge a great Christian duty, to exercise a great Christian privilege, and to fulfil a Christ-like precept by inaugurating that good work, and to consecrate that its future home with the Word of God, and with prayer. The purpose which united them together that day united them not only in body but in heart. Every heart present was warmed with the same feeling, every mind was impressed with the same thought when they inaugurated a work which had the special favour and blessing of their Divine Maker, and perhaps the bare enunciation of that truth might be sufficient. Yet he thought they would pardon him if he asked them for a few moments to think with him of some other reasons why they should do so; why the health of the body should be regarded by the Redeemer of souls as a work peculiarly His own, a Christian work, a Christ-work; a work which they were all called upon to do for His sake; with Him, in Him, and under Him as a work which He began, as a work which He now bade them carry on not only in His name but in His presence, and with His continual blessing. Why was this? He thought three reasons could

be given for it, but before He mentioned them, there was one thing that might occur to some of them which had risen in that beautiful prayer which he used that afternoon. It was composed by one who was now with God, and whose office it was to dedicate the temporary home of that hospital some time ago. In that prayer it was said that "Our Lord took upon Him our infirmities and bore our sickness." These were words of Holy Scripture, but they were words not to be said in the sense that the Master in His Holy Humanity actually bore with them, His creatures, infirmity and sickness that was the infirmity and sickness of actual disease. It would seem to have been impossible for those particular evils and afflictions to make inroads upon the holy virginal humanity which He assumed for their sakes and had taken to God. Perhaps the reason was that they were too closely connected with the great moral and spiritual evil of sin, for His sinless humanity to be entirely subject to them. But for that very reason He had a greater delight in encountering them in the bodies of His members, and he thought the first reason why hospital work was such a truly Christian work, was that although the Lord's great purpose was to heal the souls of men, yet He delighted in the healing of the body. They remember how it was in the days of His flesh, how full the Gospel history was of His mighty works of healing, how the power of life in His heavenly hand burst forth again and again out of the vessels of His humanity, and turned into confusion the powers of sickness, and infirmity, and disease before Him. They had just been singing how

" ' At even, ere the sun was set,
The sick, O Lord, around Thee lay.' "

Yes, and He who so rejoiced in the days of His flesh to encounter disease and sickness, and to overcome and depress them, so He now said to them in their measure and degree, 'The works that I have done ye shall do also.' That was one reason why hospital work was such Christian work. Then he thought there was another reason. Because it had the special effect of bringing special grace with it: that bodily sickness, in the days of His flesh was, and is still, the means of bringing grace, repentance, and pardon, and peace, and new life to the soul, and not only to the soul of the sufferer, but to the souls of those who ministered to them. There was no work like that, which so readily taught them

to exercise, to imitate, His pure life, and then to feel and to carry out the graces of patience, and love, and tenderness, and disinterestedness, and self-denial. How blessed were they who were engaged in the work for that reason, if for no other. But there was one other reason why that work was one so blessed by Christ. The only other reason that he might mention (though there were many) was, he thought, it enlisted all the powers of humanity in a good cause. It was in this respect that it went beyond the ordinary work of His Church. It dealt ultimately with the souls of men; but first with their bodies, with innumerable needs in which all could be enlisted in helping to supply. The rich could help with their money, the poor could help with their work, the learning of the physician, and the skill of the surgeon, and the intimate knowledge of the secret of nature which the chemist and herbalist had made his own, and the kindness of visitors, the watchfulness of the attendants, the diligence of servants, the tenderness of nurses, and the generosity of benefactors. All these things were enlisted in that great work, and all in their degree were blessed by Him who set them about the work. There was another consideration, with which he would conclude. When the Lord took upon Himself to come into this world of grief and sorrow to choose one half of our humanity, He vouchsafed to make the same portion of humanity His chief agent, His chief minister in this blessed work; He who chose the Virgin Mary to give Him His share in His human nature; He who chose holy women to minister to Him of substance, and to follow Him in His missionary journeys; He who chose them to anoint Him at His burial, and be the watchers at His cross and at His tomb, and gave Him the first welcome at His rising—He enlisted them specially in the hospital work, and that, he thought, gave a special interest and charm to what had called them together that day; because they knew that institution, that house, was especially due to the loving care of Christ's handmaiden. It began, he might say, strictly speaking, with the generous offer of one benefactress, who had since passed away to the Redeemer's footstool, but who had left behind her one to carry on the work, to far surpass her in what she had done, to far surpass all the other benefactors there, but who, as they would hear presently, not only helped in the beginning, but in the crowning and completion of that work of charity. He was sure they would all concur with him in the humble hope and prayer

not only that the abundant blessing which she dispensed should return in this life into her bosom, but that hereafter, when she had been called away into that same dear heavenly presence, that generations yet to come would call her blessed. He thought he ought also to mention another benefactor, a great promoter of that work, who for many years had been a victim to infirmity and pain; who by the offering of the noble site on which that building was built, and by many other means, had provided for the relief of like suffering. They would also pray on his behalf that like blessings and comforts and rewards might be vouchsafed to him. And now, before he formally opened the hospital, he had been provided with a short statement by one who was deeply interested in the work. It was a historical statement of the work of the hospital hitherto, and a little account of the present position. It was as follows:—'This hospital owes its origin to the fact that at the close of the year 1880 a large donation was given by a lady in order that some rooms might be taken where patients could be nursed who needed operations on the eye, and who would be under homoeopathic treatment. Various friends, hearing of this, were anxious to join in the good work, and subscriptions and donations were immediately freely and kindly offered, and it was thought desirable that a small house should be taken, a thoroughly trained nurse engaged, and patients received who were suffering from any acute medical or surgical disease. Thus the work was commenced on a larger scale than was at first anticipated. Miss Mirrlees kindly consented to act as treasurer and lady manager, and Mr. Knox Shaw as medical officer of the institution. On the 11th of April, 1881, a small house in Southwater road was opened as the "Buchanan Cottage Hospital," the dedication service being conducted by the late Venerable Archdeacon Huxtable. Hopes were then expressed that in the course of two or three years a proper building, perfectly adapted for a cottage hospital, would be constructed. Mr. Eversfield gave the piece of land, help was promised for the building fund, and the work, which we see this day completed, was begun. During the past three years 197 patients have been admitted, and many have been reluctantly refused for want of room. This building offers accommodation for a much larger number of patients, and is in every respect most suitable for its purpose.'

"Canon Kingsbury then declared the hospital open in the

following words:—‘This house, built for the honour and service of Almighty God, in the comfort and healing of His suffering poor, and henceforth to be called the Buchanan Ophthalmic and Cottage Hospital, I now declare to be opened, and dedicated for these holy uses, in the name of the Father, and of the Son, and of the Holy Ghost. Amen.’

“A hymn was afterwards sung, and the offertory having been taken, the Rev. H. J. Jones officiated in the concluding part of the service, which was brought to a close with the Benediction.

“The hospital was then thrown open for inspection, and the opportunity was taken advantage of by almost all present. The offertory amounted to £53 8s. 10d.”

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY,

37, HYTHE BRIDGE STREET.

Eleventh Annual Report, 1883.

PATRONESSES: Her Grace the Dowager Duchess of Marlborough; Lady Katharine R. Barker; Lady Valentia; Lady Dynevor; Lady Mary Dashwood. **Physician:** Arthur Guinness, Esq., M.D., F.R.C.S.

Your committee have still to report a considerable increase in the attendance of patients during the past year, and with it a small advance also in the number of subscribers. Your thanks are due to Dr. Guinness for his attention to the patients, and your congratulation on his success in many serious cases, especially those of pneumonia, bronchitis, quinsy, and other throat diseases; as also of cancer, dyspepsia, and many diseases of the eye.

According to his report: “The number of attendances were 2,841, and 1,130 new patients were admitted. About 200 home visits were paid, and 44 persons have been vaccinated. The number of deaths was 7. The patients from surrounding towns and villages numbered 451—a circumstance to which the committee would call your especial attention, in the hope that it may induce their more wealthy inhabitants to become subscribers. Their number is about 40—including Bicester, Brill, Abingdon, Kidlington, Kirklington, Woodstock, Bladon, Charlbury, Cowley, Iffley,

Hincksey, Botley, Headington, Wantage, Sutton Courtney, Didcot, Fairford, Wolvercote, Water Eaton, Wood Eaton, Witney, Culham, Marston, Yarnton, Stanton Harcourt," etc.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, etc.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

DR. GOLDSBROUGH, London.—Your letter came too late for insertion this month; it will appear in our next issue.

THE SECRETARY, London Homœopathic Hospital.—The account of the opening of the new wing of the Hospital came too late for this month's issue.

EDITOR Bengalee Homœopathic Journal, "Hahnemann," Calcutta.—We cannot exchange with you, because we cannot read Bengalee, but you have our hearty sympathy, and we wish you every success.

MR. RICHARD GRAY, B.Sc.—Your case, "Burn of the Eye by Red-hot Cinder," must

stand over till you can complete it; fragments of cases, however interesting, do not repay the trouble of reading, because the sequel may put a different value on all that went before.

BOOKS AND JOURNALS RECEIVED.

The New England Medical Gazette, March, 1884.

Hastings and St. Leonards Times, March 29, 1884.

On the Value of Phosphated Milk (Lait phosphaté). By Dr. Alfred Drysdale, Officier de Santé at Mentone.

Monthly Homœopathic Review, April 1, 1884.

Dietetic Reformer.

The Zoophilist, April 1, 1884.

Health, April 4.

Bulletin de la Société Médicale Homœopathique de France, Mars et Avril, 1884.

The House of Lords: an Address by Sir John Bennett. London: David Bogue. 1884.

St. Louis Clinical Review, Vol. VII., No. 2.

Dublin Journal of Medical Science, March, 1884.

Medical Counselor, 1884.

Bibliothèque Homœopathique, No. 6.

Functional Disorders of the

Brain and Nervous System,
and the Use of Phosphorus.
Newberry's, London.

Homœopathy Procharoc.

Homœopathic Physician,
No. 4, March, 1884.

Chemist and Druggist, March
15, 1884.

American Homœopath, Vol.
X., No. 3.

United States Medical In-
vestigatior, March 1, 8, 15, and
22.

Allgemeine Homœopatische
Zeitung, Bd. 108, Nos. 11, 12,
13, and 14.

New York Medical Times,
March.

Hahnemannian Monthly,
March.

Midland Medical Miscellany,
No. 28.

Monthly Magazine of Phar-
macy.

American Observer, March.

Revue Homœopathique
Belge, Février.

Revista Homœopática Cata-
lana, No. 3.

St. Louis Periscope, No. 3.

Medical Tribune.

The Guide, April, 1884.

Calcutta Journal of Medicine,
No. 10.

CORRESPONDENTS.

Communications received
from Dr. Thomas, Llandudno;
Dr. Berridge, London; Dr.
S. Swan, New York; The Sec-
retary London Homœopathic
Hospital and Medical School;
Alfred Heath, Esq., F.L.S.,
London; Dr. Reginald Jones,

Birkenhead; Dr. Theobald,
London; Dr. Mahony, Liver-
pool; Messrs. Walker and
Marten, Maddox Street, W.;
Dr. Roth, London; Dr. Tuthill
Massy, Brighton; Dr. Vidart,
Divonne-les-Bains; Dr. Har-
mar Smith, Ramsgate; Sir
John Bennett, London; S.
Richard Gray, Esq., B.Sc.,
Newnham; Dr. Guinness, Ox-
ford; Dr. Ussher, Wands-
worth; Dr. Datta, Calcutta;
Dr. Washington Epps, London.

The Homœopathic World.

CONTENTS OF APRIL NUMBER.

LEADING AND GENERAL ARTICLES:—

The Dry Rot of Medical Science.

Recollections of a Country Physician:
being the Trials, Triumphs, and Dis-
appointments of Professional Life.

Value of the Eucalyptus.

Clinical Cases, Illustrating the Difference
between True and Delusive Homœo-
pathy.

Test for Bacteria in Water.

The British Homœopathic Society.

Notes by the Way.

On *Bellis Perennis*.

Surgical Case.

British Medicinal Plants

Brief Clinical Notes, with Remarks.

The Ganjah Plant.

OBITUARY:—

Charles Fabre-Tonnerre, M.D.

LITERATURE:—

Annals of the British Homœopathic
Society.

An Obstetric Mentor.

Compulsory Vaccination in England.

Sir Lyon Playfair taken to Pieces and
Disposed of.

CORRESPONDENCE:—

The Recent Medical Vaccination Mani-
festo.

New Remedies (?)

Dr. Skinner on M. Pasteur's Homœo-
pathy.

Anæsthetics.

REPORTS OF INSTITUTIONS:—

The Buchanan Ophthalmic and Cottage
Hospital, St. Leonards-on-Sea.

My Doctor.

SHORT NOTES, ANSWERS TO CORRESPON-
DENTS, ETC.

THE
HOMŒOPATHIC WORLD.

JUNE 2, 1884.

THE NEW NARCOTIC.

OLD-FASHIONED physicians used to give opium when they wanted to put their patients to sleep. Lapse of time and the movement consequent thereon—some might call it progress—brought morphia and the hypodermic syringe. It was then discovered that opium and morphia had bad effects and of disadvantages no end. Chloral hydrate was then ushered in to entirely supersede the naughty derivatives of the poppy; it had, said its enthusiastic admirers, no bad effects: it just produced a natural sleep and then made a full stop—*punctum*.

All this is now changed. Very many valuable lives have been destroyed or blasted by the accursed thing, and now even the *Lancet*, that used to be for ever belauding it, tries to wax eloquent in denouncing its old favourite. This journal always flirts with fashion, for it pays.

The new narcotic is *Paraldehyde*, or Paraldehyd, the final *e* being *sub judice*, where we will leave it.

We will now bring an epitome of what is at present supposed to be known about this new narcotic, merely warning our readers *against its use*, for it is inconceivable that any drug in full physiologic dose should be able to put to sleep *in a natural way*. The record of the *ill effects* of Paraldehyd will soon begin. We have our information from the pamphlet issued by the Chemische Fabrik auf

Action, vormalis E. Schering, and it refers to Schering's absolutely pure Paraldehyd.

(Communication from the Laboratory for Experimental Pharmacology at Strasburg.)

THE PHYSIOLOGICAL ACTION OF PARALDEHYD.

By Dr. VINCENZ CERVELLO, Palermo.

[*Extract.*]

The pharmacological action of Paraldehyd has not hitherto been studied, probably because it has been assumed that it would behave like ordinary aldehyd. Considerable differences exist, however, between the two compounds, not only in their chemical and physical properties, but also in their manner of action upon the animal organism.

Paraldehyd is a polymeric modification of aldehyd, and it is accepted that its molecule originates in the condensation of three molecules of aldehyd. It is accordingly represented by the formula $C_6H_{12}O_3$. It is a colourless liquid, which boils at $124^\circ C.$, and has a specific gravity of 0.998 at $15^\circ C.$ At a low temperature Paraldehyd solidifies in a crystallised form, and melts again at $10.5^\circ C.$ At $13^\circ C.$ it dissolves in eight parts of water. In warm water it is less soluble; consequently an aqueous solution saturated at the ordinary temperature becomes turbid upon being warmed, and half the Paraldehyd contained in it separates.

Rabbits are affected by Paraldehyd similarly to frogs. The narcosis produced in average sized rabbits by doses of two to three grains lasts six or seven hours, and is not preceded by any stage of excitement. After the animal awakes its walk is rather unsteady, but it quickly regains its normal certainty. No subsequent disturbances are noticed; on the contrary, the animal appears to be quite well, and goes at once to seek its food. During the period of deep narcosis the breathing becomes slower, whilst the pulsation of the heart, so far as can be estimated by laying the hand upon it, always remains strong. The pupils undergo no perceptible change.

Paraldehyd acts upon dogs similarly as upon rabbits; it produces a peaceful sleep, without previous excitement; the breathing remains quiet, but becomes slower. In dogs, however, the diminution in the frequency of the respiration is not so considerable as in rabbits, because in the latter the

breathing is generally easily disturbed and with very slight cause. In the case of dogs, if the initial frequency of the respiration amounts to sixteen in the minute, it falls in the deeper narcosis only to twelve, a difference that is also observed in physiological sleep.

It may therefore be accepted that *Paraldehyd* develops its full hypnotic and anæsthetic action without essentially modifying the important function of respiration, so long, at least, as the dose is not too large; and that in an animal the amount of the active dose may be even considerably exceeded without endangering its life. But should the dose be sufficiently excessive death results through interference with the respiration, the passage of the deeply narcotized animal from life to death being scarcely noticeable. Neither vomiting nor cramp are observed.

Paraldehyd is absorbed very rapidly, a few minutes sufficing for the commencement of its action to become perceptible. Five minutes after its injection the gait of a dog becomes unsteady, and sleep follows immediately; rabbits fall into a profound narcosis in five minutes.

Even after very large doses animals manifest no flow of saliva, as happens when under the influence of chloral hydrate.

From the experiments upon rabbits it may be concluded that *Paraldehyd* probably abolishes the reflex actions, but only in doses that afterwards induce death.

In frogs, on the other hand, I found that even with the degree of intoxication in which the reflex actions are abolished it is very probable that life will continue, and the return to normal conditions easily follow. This is evidently explained by the fact that the cessation of the respiratory movements, which in the mammalia may even become the cause of death, is in frogs compatible with the continuance of vitality, the lapse of the lungs' action being compensated in them by respiration through the skin, whilst the circulation of the blood proceeds without any marked disturbance.

It may consequently be assumed that *Paraldehyd* in average doses acts upon the nerve centres generally, but principally upon the cerebrum; whilst in larger doses it also powerfully affects the spinal cord and abolishes the reflex actions; finally the medulla oblongata is paralysed, and the respiratory movements brought to a standstill.

The first experiment with *Paraldehyd* upon a human being I made upon myself with 4 grammes, which quantity, dissolved

in water, was taken within an hour and produced tolerably strong drowsiness, without notably altering the pulse and respiration or being followed by headache.

Subsequently the compound was tested upon other persons (healthy and sick), and it was found that sometimes upon women even one gramme acted as a sedative, whilst with strong men frequently a dose of 4 grammes was not followed by sleep. I give one of these instances in greater detail as an illustration :—

The subject of the experiment was a patient in Palermo afflicted with ischias of the left side. I gave him 8 grammes of Paraldehyd as a 3 per cent. aqueous solution in three doses with half-hour intervals. Two hours after the last dose, at 6.30 p.m., the patient was asleep, and he awoke the following morning at 5 o'clock. As soon as he had opened his eyes he asked whether a narcotic had not been given to him. He asserted that he had not experienced headache, nausea, or other inconvenience, and when I saw him again after some days he wished me to give him more of the same medicine.

THE DOSE AND MANNER OF ADMINISTRATION.

The experiments made upon human beings with Paraldehyd have hitherto been so few that I am not yet in a position to state the amount of the active dose. Judging from the experiments upon animals it would be as much as three times that of chloral hydrate; moreover, it must not be forgotten that the active dose will vary very considerably in different subjects. But I venture to state definitely that 10 grammes, divided into several separate doses, and probably a still larger quantity, can be administered to an adult without inducing any important derangement.

The most suitable form for the administration of Paraldehyd is an aqueous solution sweetened with sugar. This gives a drink that has been found pleasant by all who have tasted it. It produces in the mouth an agreeable sensation of cold. Any syrup or a bitter tincture can, however, be added according to pleasure. A suitable strength is about 3 per cent.; whether more concentrated solutions can be borne I am not at present in a position to say. I can state, however, that this is the case with dogs and rabbits. I have often used with these animals a 7 per cent. solution without observing any indication of disturbance of the stomach or intestines; moreover, upon opening the bodies of such animals as died

in consequence of the use of very large doses, I did not find the least trace of injury to the tissue in the digestive tract.

CONCLUSIONS.

Paraldehyd acts principally upon the cerebrum, and partially upon the medulla oblongata and spinal cord.

In large doses it produces paralysis of the medulla oblongata, and consequently cessation of the respiratory movements, whilst the innervation of the heart continues. The final stoppage of the heart is therefore not a direct result of the Paraldehyd, but simply a consequence of the stoppage of the respiration. In fact the animal may still be restored by means of artificial respiration.

Ordinary aldehyd, like Paraldehyd, does not paralyse the heart, but kills by paralysis of the respiratory centres. In its general action, however, it does not resemble Paraldehyd, and it will be sufficient in order to make the differences evident to recall the three stages in the action of aldehyd described by Albertoni and Lussani: (1) excitement; (2) intoxication; (3) asphyxia. These three stages depend entirely upon the amount of the dose.

Upon the basis of the experiments brought forward in this memoir *Paraldehyd may be described as a hypnotic, and as such I recommend it for therapeutic use.* It induces a peaceful sleep, quite similar to physiological sleep, which is neither preceded by excitement nor associated with any disturbances.

PARALDEHYD AS A NARCOTIC.

By Dr. GUGL, Assistant to the Gratz Psychiatr. Klinik.

[*Extract.*]

The general physiological action of Paraldehyd was studied by Dr. V. Cervello in Palermo, and subsequently in the Laboratory of Experimental Physiology at Strasburg under Schmiedeberg. It was injected into animals and, after rapid absorption, there was observed first a diminution of sensibility, followed by sleep without any preceding stage of excitement. Its action upon the medulla became apparent by the lowering of the respiration and in a slight degree of the heart's frequency. Even in large doses the blood pressure was not diminished, and in the strongest doses it killed through paralysis of the respiration. The reflex irritability remained practically intact; it was only affected by the

somewhat stronger doses which produced fatal results. No effect upon the secretions worth mentioning was observed. Cervello also made some trials with it upon human beings, but the first experiments demonstrating the analogous action of Paraldehyd upon the human organism were made by Morselli in the mental clinic and lunatic asylum in Turin.

Coming now to the results of my own experiments, I may mention first that in using it 336 times upon 50 individuals no effects were observed on 28 occasions, or 8.3 per cent.; this number corresponds unexpectedly, but remarkably well, with the negative proportion—8 per cent.—found by Morselli. In view of this agreement I may be allowed to express the opinion that in the preponderating number of cases the effect of Paraldehyd is to induce sleep. This happens after from half an hour to three hours, no doubt dependent upon internal and external conditions. The sleep is calm, deep, and, being in every case extremely like natural sleep, refreshing, of which I was assured by all the patients under observation. Intermissions were scarcely known, at any rate they were not frequently observed. The duration of the sleep, naturally dependent primarily upon the dose, was found to be from three to seven hours or sometimes more; in some cases I have seen the action maintained for ten or twelve hours. At the commencement of the hypnotic action of the Paraldehyd the patient speaks of a slight feeling of intoxication, which, however, is by no means disagreeable, and they do not become stupefied. Then follow rapidly a powerful inclination to sleep and a profound dreamless slumber; in fact the patients sleeping under the influence of Paraldehyd resemble completely healthy persons sleeping through natural requirements. The respiration is deeper and therefore more slow; the frequency of the pulse lessens notably only when there has previously been an abnormally rapid action of the heart; Morselli found the pulse curve to be throughout regular and full. A marked diminution of the pulse was, however, observed by Morselli when Paraldehyd was given in *dosi refracta* not up to the production of hypnotic action.

Neither after a single administration nor after a long continued use of Paraldehyd did one of my patients complain more than they were usually in the habit of doing, and there were among them highly intelligent people whom nothing would escape, and on the other hand some, such as

hysterical patients and hypochondriacs, with whom exaggeration is habitual. Above all it might have been expected that disturbances would have been observable in the digestive organs, but I found that only in two female patients, after the fourth evening dose, was there temporary nausea with palpitation of the heart but no sickness; this awoke the patients, but in half an hour they were again in a calm and steady sleep. One of these two showed for several days increased anorexia after taking the Paraldehyd. Five patients complained very much of the persistent smell, as affecting their appetite; no important falling off, however, in this respect was observed. As a fact the smell of the Paraldehyd does cling to the expired breath for a very long time; even after a single dose *frequently for more than ten hours*, which is the maximum mentioned by Morselli. This is apparent also when it is administered in an enema or subcutaneously. Consequently the greater part of the medicine would appear to be eliminated through the lungs, and this is rendered more probable by the absence of the specific smell from the stool and the impossibility of detecting Paraldehyd or its decomposition products in the urine. Three patients after several doses suffered from diarrhoea, but all within a few days, so that a defect in the diet cannot be excluded as a possible cause.

Whilst administering Paraldehyd, at first cautiously, but very soon boldly, to patients suffering from dementia paralytica, or senilis—amongst the latter some very emaciated individuals and cases of pronounced fatty heart—I met with evidence that it may be used without hesitation even where there is great tendency to vasoparesis, or advanced atheromatous processes, or impaired function of the muscles of the heart. Whether high fever would be a contra-indication to its administration, I have been unable to decide through want of opportunity: it appears to me, however, improbable.

It will be a subject for further experiments in the hospitals, as well as the observations of practical physicians, to investigate the province of medicine in all directions as to contra-indications, and to establish whether Morselli's opinion that Paraldehyd can be administered in all forms of disease interfering with sleep is correct.

I had set myself the task, in my experiments, to pay especial attention to the question whether they gave any decided indications for the administration of Paraldehyd. After a

short experience the conviction forced itself upon me that it is the constitutional or required neuropathic condition, the hysterical and neuræsthenic, rather than the hypochondriacal, which respond to it advantageously. I will mention first a case communicated to me by Professor v. Krafft, of Ebingen, of a lady suffering from obstinate hysterical sleeplessness, who from the middle of February to the middle of June, 1883, took daily 2·50 grammes of Paraldehyd. The result never was wanting; at no time was there any disagreeable subsidiary action or disturbance of the digestive or intestinal functions, whilst the appearance improved considerably under the restorative influence of so long a series of good nights. This corresponds exactly to a case under my own observation of a young hysterical lady who suffered from hallucinatory frenzy with considerable auditory illusions. This patient, constitutionally neuropathic to a high degree, responded to small doses of Paraldehyd through a series of days, and subsequently when used intermittently, always with sleep lasting as long as twelve hours, whilst the other hypnotics had been left in the lurch. Not less striking was the action upon an enormous neuræsthenic young man who had been under restraint since his childhood, and had been received into the hospital as approximating very closely to the class of epileptics with delirium. He slept thirteen times, with the intermission of two nights, after unvaried doses of Paraldehyd, the sleep always improving. In the first of the two nights without Paraldehyd he slept very little, and in the second not at all, so that he expressed a great desire for the good narcotic.

Amongst patients afflicted with mental alienation I found the most susceptible to the action of Paraldehyd to be those suffering from mania (simple maniacal exaltation to severe madness), and the condition of excitement nearly approaching it. With this the exhaustion psychosis agrees exactly. In melancholia and the disturbed mental condition associated with anxiety the results were less satisfactory. In cases of every shade of original or primary lunacy it proved surprisingly favourable, the more neuropathic, especially, the individual, the better the result. Respecting secondary lunacy and secondary idiocy, with the phases of excitement so frequent, I am unable to say anything, since the observation of such cases in a constantly changing clinic seldom or never occurs. One form of disease in which Paraldehyd might prove valuable is delirium tremens. Unfortunately I was able to try Paraldehyd in only two such cases; a third

case was in a condition of exhaustion very nearly approximating to delirium tremens, strongly affected by a single alcoholic excess, which was manifested by much hallucination as to animals and ideas of persecution by armed power. Upon this patient four grammes of Paraldehyd remained without any effect; on the one hand the active play of the considerable ocular hallucination, and on the other, the anxiety, seemed to prejudice the action of the Paraldehyd. Of the two pure cases of delirium tremens, one, which was in the early stage, occurring in a dram drinker of some years' standing, with distinct symptoms of chronic alcoholism, was cut short; the other, a case of delirium tremens at its height, presented so brilliant a result that I think it desirable to describe it briefly.

August P., aged 42 years, a house servant, was brought to the Psychiatrische Klinik on the 5th of June, 1883. A woman who had looked after his household affairs stated that for some months previously he had suffered from attacks of giddiness, with convulsive symptoms, followed frequently by brief obscure intervals, of which he would know nothing. He had been a pretty fair drinker, and in the last few months before his reception he had consumed an enormous quantity of drink of every kind. This quickly produced sleeplessness, diminution of the appetite, morning vomiting, frequent starting from sleep, and anxious dreams. During the previous three days there had been increasing derangement, excessive anxiety, visions of all kinds of forms and confusion of persons. The entry of his *status præsens* on the 5th of June is—"Severe derangement of intellect, confusion of persons (declaring one of the physicians to be a waiter at a tavern), absence of all recognition of time or place, sees all kinds of forms, seeks on the floor eagerly for imaginary halfpence, etc., very agreeably disposed, great activity, tongue moderately coated, and the hands trembling slightly. Temperature not notably increased; pulse tolerably powerful; somewhat more frequent during the active periods of disturbance." He was ordered three grammes of Paraldehyd, and subsequently another two grammes. In about twenty minutes after administration of the second portion, given half an hour after the first, P. was asleep, and he slept without interruption ten hours. On the 6th of June *tremores minimal*; still rather confused. Ordered three grammes of Paraldehyd. The night of the 7th very satisfactory; P. after this perfectly

clear; remembered many things; slept also during the day. Evening, another three grammes of Paraldehyd. On account of noise in the room P. slept only six hours; nevertheless appeared in eight to be almost entirely free. Subsequent nights, after a stay in the garden, were good without assistance. The patient was discharged cured on the 13th of June, after a favourable *status retrospectivus*, which threw considerable light upon the case by the mention of *trauma capitis* suffered for two and a half months, followed by two enormous hæmorrhages from the nose.

One field in which the hypnotic action of Paraldehyd appeared regular was the simple nocturnal restlessness of sufferers from *dementia paralytica* and *senilis*. To this I only have to add that almost always, when the hypnotic effect of the Paraldehyd failed, an evident sedative action was perceptible.

One direction in which the action of Paraldehyd requires to be exactly tested by observation from other points, is the diminution of pain. Besides a more or less manifest lowering of cutaneous sensibility, frequently determined by means of a needle, I found support for assuming an anæsthetic action in a case under my observation. This was a female suffering from hystero-neuræsthenia, with unusually painful spinal irritation, a morphia subject, who, after the withdrawal of morphia, and taking chloral for several nights, upon being treated with Paraldehyd, declared that if she fell asleep slowly, or, as a rule, slept less, she always, immediately after taking the Paraldehyd, became sensible of an essential decrease in the pains.

Briefly stated, my opinion in respect of Paraldehyd is that it is a powerful hypnotic, which, notwithstanding that it is less strong in its action than chloral, is in many cases to be preferred, on account of its freedom from danger, even when its use is long-continued. Psychiatry and neuropathology have, at any rate, gained in Paraldehyd a powerful aid in combating sleeplessness. May it right quickly find entrance everywhere, and thus contribute somewhat to reduce the necessity for "chloral feeding" so frequently occurring, as well as the terribly increasing number of morphia consumers.

It remains yet to speak upon the mode of administration, as well as the dose. The most suitable way in any case is *per os*. At first the imperfect solubility appeared to cause

difficulty; it was, however, quickly shown by our pharmacists that it is very easily soluble in twice its volume of an ordinary tincture or of alcohol. The tincture especially recommended, because it acts at the same time as a corrigent, covering the strong smell and taste of the Paraldehyd, is tinct. cort. aurant. It is, therefore, recommended that the dose of the medicament should be administered in two or three parts of tincture, with about an eighth of a litre of sugar water, or simply with some syrup. cort. aurant. In this combination it tastes quite agreeably, and is almost always very easily taken. An average dose may be considered to be three grammes. With more delicate, especially female, individuals, frequently two and a half, two, or seldom one and a half grammes will be sufficient. More than five grammes in one dose I have not used, because on the one hand, I can confirm Morselli's opinion, that the action stands in scarcely any relation to the increase of the dose, which is probably due to tolerance; on the other, individuals who do not, under ordinary conditions, respond to five grammes, are not considered as possessing immunity from its action. That there are such, was proved to me by the case of a somewhat excited idiot, who took at one draught the doses intended for three patients, amounting to nine grammes, without sleep being induced, but also without any ill result. According to Morselli's experience in *dosi refracta* it is safe to go as high as ten grammes in a day.

In a small number of cases I have used Paraldehyd in enemata, always with result. The dose must amount to at least four grammes, and it is sufficient to administer it simply in lukewarm water (about 3 in 100), since, although it may not be perfectly dissolved, it does not irritate the mucous membrane.

Although my attention has been directed principally towards the administration of Paraldehyd *per os*, in a few cases only, where this was impossible, I used subcutaneous injections. Withholding, however, a definite opinion, I would report simply that it caused a sharp burning pain, of short duration, at the place of puncture, but never produced any inflammation. The hypnotic action was always very considerable, even on the injection of three grammes.

I must not leave unmentioned what I observed in the combination of Paraldehyd with other hypnotics. In one instance I made the experiment of combining a small dose of Paraldehyd with 0.01 of morphia. Sleep followed un-

usually quick (action of the morphia), and notwithstanding that with Paraldehyd the patient had for several previous nights had little sleep, he had a good night; the Paraldehyd appeared to develop a more decided action upon the system prepared by morphia.

In one case of severe *melancholia præcordialis*, in which large doses of opium had been given, I tried, on account of the sleeplessness at night, small doses of Paraldehyd (2 grammes), and the action surprised me by its duration and the profoundness of the sleep. The combination of chloral with Paraldehyd in small doses, which alone were tried, showed no effect. Finally, a combination with potassium or sodium bromide, in the proportion of three grammes of Paraldehyd with two or three grammes of the bromine salt, proved more valuable than that with hypnotics. I can quote cases in proof of this, especially one of a hypochondriac with numerous delusions, who after taking potassium bromide scarcely slept, and after Paraldehyd only slightly, but who, after three grammes of Paraldehyd and three grammes of potassium bromide, administered eight times successively, slept extraordinarily well up to the time of his discharge.

Further experiments are, however, required to determine the value of these combinations.

EXTRACT FROM A SPEECH BY DR. JOSEPH PERETTI.

(Reported in the *Berlin Klinische Wochenschrift*, October 1, 1883.)

We have in Paraldehyd an agent that, in doses of three to six grammes, is capable of inducing several hours' sleep. The sleep is preceded by no stage of excitement, commences rapidly, shows no menacing symptoms, and is regular, profound, and in every way similar to physiological sleep. The waking also is undistinguished from that after normal sleep; it is never followed by complaint of headache, congestion, or weakness of the limbs.

The Paraldehyd was administered in a four per cent. solution, sweetened with ten per cent. of sugar, which could be taken very well, and in its taste recalled that of peppermint.

Such advantages place Paraldehyd indisputably above chloral hydrate, and to these may be added that, after long-continued use of Paraldehyd no disagreeable attendant sensations, or dangerous symptoms, are observed. In one

case a patient took 179 grammes in forty-two days, in another, 162 grammes in forty-one days, without any injurious effect. Decrepit and paralytic persons also can take Paraldehyd without hesitation, whilst heart disease is not a contra-indication to its use.

The fall of temperature was trifling; there was no congestion or alteration of the pupils. Upon the digestive organs Paraldehyd manifested no influence. The appetite was not spoilt; on the contrary, some persons believed that they traced a beneficial action upon the stomach and appetite. The after-taste was so slight that it never gave occasion for complaint or caused repugnance to food. Moreover, after long use, there was no interference with the functions of the stomach and bowels.

The advantages over chloral hydrate are—the freedom of Paraldehyd, even in large doses, from danger to the heart, the absence of danger from cumulative action, the rapid induction of sleep without previous symptoms of excitement and congestion, and the freedom from disagreeable sensations after awakening.

CURES BY DR. KUNKEL.

From the "Allg. Hom. Zeitung."

By A. McNEIL, M.D., Jeffersonville, Ind.

I RECEIVED a letter December 26, 1882, from Schwerin, saying that Frau St. has been sick for five and a half years, and confined to her bed. She is forty-five years old. Different diagnoses have been given by her attending physicians. One said she was anæmic, another that her blood was too thick. The cause of her sufferings is fright from a thunderstorm at night. On the following day she could not speak. There is paralysis of the lower extremities, but whether it set in immediately after the fright or followed later is not clear from the letter. However, there is paralysis now. She is sleepless, has internal anguish, violent pressure in the pit of the stomach, as from a stone, accompanied by difficulty of breathing and attacks of suffocation. Hot internally, and externally freezing; internally constant restlessness and anguish. I sent *Cuprum* 10x, six doses, a powder every evening.

On the 31st of the following March I received the follow-

ing letter: "I communicate the joyful news that my wife has been well now for six weeks. She can now do her own housework. The night after taking the last powder she was very sick. She also passed the next night very badly and vomited a bowlful of green bile. After that she became better every day. I would have written you sooner, but I wanted to see if the cure would be permanent."

Cardialgia.

June 24, 1881. N—, a waiter, æt. twenty-six, has suffered from stomach troubles as far back as he can remember, but he first had a violent attack of cramp in the stomach when twelve years old. His mother suffers in the same way, but not so intensely. He has constant pressure in the pit of the stomach, but particularly after eating heavy food, and violent pain which he says is constriction. In such an attack he rolls on the ground in agony. It very frequently continues ten to twelve hours, and at times even longer. In lying down there is some amelioration of the pains. Sometimes immediately after dressing himself in the morning, and while yet fasting, has the "most fearful" pains. During the attacks the pit of the stomach is swollen and hard. At night he is on the whole more free. Stools, hard like stones, often very scanty, knotty, and difficult to discharge. Eructations relieve. At times sweetish taste. *Plumbum* 10x, six doses, one every seventh evening.

July 5.—Essential improvement. The pressure on awakening in the morning has entirely disappeared. The pressure in the stomach has not been noticed much only two days. No more violent attacks. Stool still hard. Continued the prescription. After the use of the last six powders the patient has been free from his sufferings and since then they have not returned.

Procidencia Uteri.

Frau Z., æt. forty-four, consulted me on the 29th of April, 1882. She had suffered in 1868 from rheumatism of the joints. She had three and a half years ago a difficult delivery with hernia umbilicalis and falling of the womb. She also had hæmorrhoids during her lying-in. The uterus came out on every slight exertion, and she must then go to bed. She also complained of palpitation on walking, depression of spirits, disposition to weep, at times paralytic weakness of the legs, and vertigo on

rising from a seat. In the spring there is always an aggravation of all her symptoms and great weakness. The spleen is sensitive on pressure, and enlarged. *Natrum Mur.* 10x, six doses, one every seventh evening.

I first heard from her on the 1st of July. She feels considerably better, perceives no falling of the womb. Same prescription.

September 11.—There was continual improvement, but now she is not so well. The uterus comes down and threatens to protrude, headache particularly when sitting, and in the morning on awakening, restless when sitting, heat going upwards to shoulders, coldness between the scapulæ. Sensation of going to sleep of the left leg when sitting, passing off when moving. *Sepia* 10x, six powders, one every seventh evening.

December 13.—Essential improvement, or rather no morbid phenomena remain. She has danced vigorously without any ill effects. The eyes, which I forgot to mention, felt burning, became red, etc., are essentially better. Prescription continued.

February 13, 1883.—She sent word she was perfectly well.

(To many this case may appear incredible, but as I have cured one of not so long continuance, it is to me perfectly credible. A. McN.)

Eczema.

M—, æt. twenty-eight, has suffered for years from an eczema of the right cheek, which itched but little and is painless. At times it disappears spontaneously. Then his general health suffers, the tongue becomes coated, bitter taste, etc. He is full-blooded, has suffered what was probably pneumonia. Almost every year he has had shorter or longer periods of nose-bleeding. Usually he is quite well, however. When he looks downwards he has tearing in the head. June 23, 1881, one dose *Calcarea Carb.* 200, but as this was unavailing, only increasing the suppuration, I gave him *Ant.-Crud.* 200, one dose.

August 24.—The cheek has improved considerably, less pus, more for last three days; *Sac. lac.*

September 23.—I saw him and the eczema had entirely disappeared and no gastric troubles had ensued.

(I ask every reader to decide in his own mind if these are cures or not. A. McN. in *Med. Advance.*)

AN OPERATION UNDER MESMERIC INFLUENCE.

ACCORDING to the *St. Louis Clinical Review* it appears that "at the homœopathic dispensary in Louisville on November 11, a singular operation was performed on a coloured man named Wm. Tell, who was suffering from a large tumour growing on his face and neck. The surgeons attempted, before undertaking the operation for its removal with a knife, to place the subject under the influence of ether and other anæsthetics, but the patient's system refused the influence of the strongest applications. Dr. A. G. Smith, one of the surgeons of the dispensary, attempted the mesmeric influence on Tell, which was speedily effected, the patient remaining insensible to the pain when a pin was stuck nearly through his hand. The operation of the removal of the tumour was begun at 9.30 a.m., but owing to the size and care, was not concluded until 11, during which time the incision was made, and afterwards the application of the usual means to stop the flow of blood. Tell was kept hypnotised all the time. When the operation had been completed the patient was aroused and stated that he had been conscious to all that was said and done, but felt no pain whatever. The operation was performed by Dr. Smith and Koehler, of the dispensary staff. It is causing much comment in medical circles as an improvement on the use of anæsthetics. Tell is doing finely."

 MEDICINE AND RHYME.

DR. JENNER, having discontinued his professional attentions upon a patient on account of her improved condition, sent a couple of ducks to the mother of the convalescent lady, accompanying the present with the following note:—

"I've dispatched, my dear madam, this scrap of a letter
To say that Miss Lucy is very much better;
A regular doctor no longer she lacks,
And therefore I've sent her a couple of quacks."

The lady addressed returned thanks with this:—

"Yes, 'twas polite, truly, my very good friend,
Thus a couple of quacks to your patient to send;
Since there's nothing so likely as 'quacks' (it is plain)
To make work for the regular doctor again."

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

RANUNCULACEÆ (*continued*).

Actæa spicata (Bane-berry, Herb Christopher).—Found in mountainous woody districts in the north of England. This plant has not been proved, but was mentioned by Ruckert as a remedy in certain cases of neuralgia. Characterised by violent tearing and drawing rheumatic pains in *one side* of the face, extending from the teeth of the upper jaw through the malar bone as far as the temple. Contact on movement of the facial muscles produced an excessive aggravation of the pain. This plant is similar in its action to the following American variety in that it affects *one side* of the body. It is very acrid, and strongly cathartic; the berries are poisonous, and have been fatal to children who have been tempted to eat them. The leaves have been used allopathically as an external application to inflammations, and with much success in tumours of the breast; it is well worth proving, and may equal if not surpass the *Cimicifuga*.

Actæa racemosa, *Cimicifuga racemosa* (Black Cohosh, Black Snake-root).—This, although not an English plant, is one that grows perfectly in this country, and is so well known to the followers of Hahnemann that I think it advisable to mention it. In the garden it grows to a fine plant, with tall spikes of white flowers; it is perennial, and well worth growing. There is a good proving of this plant. It is especially useful in nervous and rheumatic affections, principally affecting the *left side* of the body; facial neuralgia; pains in the *left side* of breast; spinal irritation from rheumatic or uterine disorders; neuralgia of the eyeballs; delirium, tremors, illusions of visions, hysteria, "nervous sick headaches," vomiting, etc.; stiffneck; lumbago, worse when the patient is standing or sitting still, and in cold and stormy weather; sciatica; articular rheumatism of the lower extremities. The last few years the allopaths have been freely using this remedy, as well as many others of our best proven drugs, without acknowledging the source from which they learnt their use—*i.e.*, the Homœopathic Materia Medica.

Pœonia officinalis (Rosa Benedicta), common name Peony.—In heathen mythology called after the physician Pœon, who cured Pluto with it when wounded by Hercules, hence it was held in great esteem by the ancients. This, although

not originally an English plant, is one of our commonest garden flowers, and is so well known to every one that it needs no description. There are several garden varieties of *Pæonia officinalis*, all of them bearing showy and beautiful coloured flowers, and probably producing much the same symptoms when used as drugs. In Homœopathy we use the root of the officinal plant, which comes to us from the south of Europe. It was formerly used as an anodyne. This term is applied to medicines that relieve pain, 1st, either by actually assuaging pain, *paregorics*; 2nd, those that relieve by producing sleep, *hypnotics*; 3rd, those that give ease by stupefying the senses, *narcotics*. It was also used as a *tonic*, and since the days of Galen the root has been commonly employed as a remedy for epilepsy. For this purpose it was cut into thin slices, which were attached to a string and worn round the neck as an amulet; if this failed to relieve it was given internally in the form of a powder. Many writers in modern times have declared it to be of no use, or only of use in some cases. The reason of this is quite evident; there can be no specific in any disease, and if in the "old school" they had a law to guide them, they would be able, as in Homœopathy, to select the drug that had an affinity of symptoms (as shown by its effect on the healthy) to the individual under treatment. 1st. On healthy people the *Pæonia produces*, amongst other things, many varieties of pains, headaches, boring, darting, tearing, gnawing, sticking with pressure, aching, rushes of blood to the head, restless sleep, with fancies and dreams. 2nd. Languor, weariness on walking, heaviness in the chest and limbs in the open air, languor and heaviness of the limbs relieved after eating, great prostration in the evening, hence its power to relieve as a tonic. 3rdly, it produces many symptoms similar to epilepsy—rush of blood to the head, nausea, hissing in the head, vanishing of the senses, fainting after walking up hill, vertigo during every motion, constant reeling sensation in the head, staggering to and fro, heat in the head, "*crawling in the left forearm as from something alive, transitory creeping in the fingers and sides.*" Now, in epilepsy, one of the most striking premonitory symptoms is what is called the *aura epileptica*, a sensation compared to a stream of warm or cold air, or the trickling of water, or to the creeping of an insect, which commences at the extremity of a limb, and gradually runs along the skin towards the head.

With *Pœonia officinalis* I come to the end of, and very reluctantly close, the magnificent natural order *Ranunculaceæ*, an order containing so many splendid medicines, and deservedly occupying the position of first.

THE SECRET OF MATTEI'S ELECTRO-HOMŒOPATHY REVEALED.

By E. W. BERRIDGE, M.D.

FOR some years the curiosity of the public has been excited by a new system of therapeutics founded by Count Mattei, and named by him "Electro-Homœopathy." This system probably would have attracted but little attention, and, like the now worn-out systems of Thomsonianism, Schlusslerism, etc., would have died a natural death from inanition, had not the founder not only appropriated the name of Homœopathy with a distinctive but very unmeaning prefix, but actually claimed that his system was an improvement on Homœopathy—"the continuation and the crowning-point of the medical science constituted by HAHNEMANN" ("The Principles of Electro-Homœopathy," p. 35).

Every scientific physician who has read Mattei's own exposition of his system must have seen the fallacies upon which it is based. His claim that it develops and supersedes that of HAHNEMANN is founded upon an imperfect and erroneous idea of what the latter really taught; while the utterly false pathology which underlies it clearly proves to every rational mind that the superstructure must prove false also.

Of course I shall be met with the argument that Matteism has repeatedly proved successful in practice, and that therefore the pathological theories upon which it is based must be reliable. At some future time I may examine his theories in detail; at present I will only observe that such an argument proves nothing, because cures have been effected by physicians of all schools of medicine. The simple truth is this, that *whenever a physician accomplishes a really good cure, it is because he has given a more or less homœopathic remedy*. These remedies therefore will cure when homœopathic to the case, and will fail when they are not; hence the discrepancies in the results obtained by those who

administer them only according to the very imperfect and uncertain rules of the system of Electro-Homœopathy.

Being satisfied from reports that reached me that these were powerful remedies, though at present given empirically, I instituted a series of investigations in order to discover their true nature, that they might be rescued from the realm of secrecy, and incorporated, in due method, into our Homœopathic Materia Medica. This I have now succeeded in doing with regard to almost all, and take the earliest opportunity of laying the results before my colleagues, asking them to make this unveiling as public as possible by copying it into all the other medical journals, and to institute provings of the remedies themselves. I am not at liberty to divulge the various sources from which I obtained my information; suffice it to say that the authorities all professed to have derived the secret from Mattei himself, and that their accounts are in perfect harmony, though some contain more facts than others.

The following are the names of the medicines, extracted from the *Monitor*, "the only publication in Italy recognised by the inventor." Where I have added a (?) it signifies that the name of the medicine is as yet unknown to me.

Antiscrofuloso 1.—*Betonica aquatica*.

Antiscrofuloso 2 or new.—*Brassica oleracea*.

Antiscrofuloso 3 or double.—Mixture of *Scrofuloso* and *Canceroso*.

Antiscrofuloso 5.—Mixture of *Scrofuloso*, *Canceroso*, and *Febrifugo*.

Antiscrofuloso 6.—Mixture of *Scrofuloso*, *Canceroso*, and *Angiotico*.

Anticanceroso 1.—*Sedum acre*.

Anticanceroso 2 or new.—*Sempervivum tectorum*.

Anticanceroso double.—*Sedum telephium*.

Anticanceroso 4.—*Matricaria* (wild German chamomile).

Anticanceroso 5.—*Sisymbrium nasturtium*.

Anticanceroso 6.—(?)

Anticanceroso 10 is composed of ten different anticancerous remedies.

T. Anticanceroso B.—(?)

Antiangiotico 1.—*Thlapsi bursa pastoris*.

Antiangiotico 2.—*Chenopodium centinodia*.

Antiangiotico 3.—Mixture of *Angiotico* 1 and 2.

Antivenereo 1.—*Persicaria urens* (*Polygonum hydropiper*).

- ¹Antifebrifugo 1.—*Verbena officinalis*.
Antifebrifugo 2 or new.—*Erysimum officinale*.
Antivermifugo 1.—*Gentiana lutea*.
Antivermifugo new.—*Gentiana (grande de Chamounix)*.
Antipettorale 1.—*Galeopsis grandiflora* (a small white flower of the Alps).
Antipettorale 2.—Mixture of *Pettorale* and *Canceroso*.
Antipettorale 3.—Mixture of *Pettorale*, *Canceroso*, and *Angiotico*.
Antipettorale 4.—Mixture of *Pettorale*, *Canceroso*, *Angiotico*, and *Scrofuloso*.
Antilymphatico.—Mixture of all Mattei's remedies.

In addition to these remedies, Electro-Homœopathy supplies us five forms of electricity (!!!), the red, blue, green, white, and yellow. These are simply distillations of some of the above plants growing about Chamounix, as follows:—

Red electricity.	—	<i>Betonica aquatica</i> .
Blue	„	<i>Thlasi bursa pastoris</i> .
Green	„	<i>Sedum acre</i> .
White	„	<i>Galeopsis grandiflora</i> .
Yellow	„	<i>Gentiana lutea</i> .

Thus far for the names of the medicines. As a further mystery has been made about the mode of their preparation, I may state that this additional secret simply consists, as I am informed, in gathering them at times when they possess their most powerful medicinal properties, and some under peculiar phases of the moon. The precise details will be probably found in the old herbals (such as Culpepper), from which I understand Mattei obtained his information.

As external confirmations of the above accounts the following facts are interesting:—

(1) A very observant colleague, who, I am sorry to say, has allowed himself to be entangled in Matteism, tells me that he has found Mattei's *Antiangiotico* I act the same as *Bursa pastoris*.

(2) Another colleague informs me that he has found *Polygonum hydropiper* possessed of decided antisyphilitic properties.

(3) In the *American Journal of Homœopathic Mat. Med.*, vol. ii. (old series), pp. 239-40, some cases of cancer are given cured by *Sempervivum tectorum*.

(The above facts prove that these remedies possess curative

[¹ Only a grossly illiterate person would coin such senseless designations as these.—Ed. H. W.]

powers, even when not prepared according to Mattei's secret formula!!!)

(4) The curative properties ascribed to the various "Electricities" in Mattei's *Vade Mecum*, just published, agree remarkably with those he ascribes to the five plants from which they are derived.

Those who have been accustomed to pay high prices for a very few of Mattei's globules, may be interested to know that potencies of the medicines whose botanical names are given above, can be obtained, at the usual cost of homœopathic potencies, from Messrs. A. Heath and Co., 114, Ebury Street, London, S.W.

48, Sussex Gardens, Hyde Park, W.

A CASE OF SUICIDAL MANIA CURED BY AURUM METALLICUM.

By BABU BRAJENDRA NATH BANERJEA, L.M.S., Medical Practitioner,
Allahabad.

BABU R. P. M., a religiously disposed middle-aged man, formerly a student of the Calcutta Medical College, consulted me last year about his complaints. He said that in the night he sobs aloud when asleep, gets frightful dreams, and feels a sense of fatigue on walking in the morning. His most troublesome complaint was that he desired to end his existence by hanging. This desire he used to get when he would be left alone. He is a married man and father of several children, not at all tired of life. He had no fearfulness, neither any palpitation of the heart or anguish, but he was full of rash anger and vehemence—the least contradiction used to excite his wrath. He is not at all hypochondriac; on the contrary, he is very intelligent, dutiful, and cheerful. He himself, being a homœopath, had tried several medicines, such as *Bell.*, *Nux V.*, *Sulph.*, etc., but to no effect.

I prescribed *Aurum M.* 3 trit., one grain thrice daily for a week. After a week he reported to me that he had slept soundly, his temper was better, and above all he had no tendency to hang himself. He insisted upon my continuing *Aurum* for a few months. Instead of acceding to his request I prescribed *Saccharum lactis*, one grain thrice daily for a fortnight, and asked him to report at the end of that

time. He is now perfectly cured and practising in the district of Jessore.—*Calcutta Journal of Medicine.*

SEWERAGE.

THE following remarks were made at the late sanitary convention in Ionia, by Dr. T. P. Wilson, of Ann Arbor, in reply to Dr. Lyster, of Detroit, on sewerage; we cull them from the *Medical Advance* :—

Dr. Wilson : “I suppose a man might as well be out of the world as out of fashion. It will not add to my reputation to say that I am opposed to the principles and practices of the sewerage system. It does not seem to me to be based upon science or common sense. Let us for a moment look into the necessities of the case. Upon a given area upon which a city stands, it is necessary that the rainfall—sometimes abundant—must be disposed of. This can sometimes be done best by open gutters, and so conduce to the cleanliness of the city. There can be no serious objection to conducting this water through properly constructed pipes placed in the ground.

“In addition to this, we have the slop waters of the kitchens, dish water and wash water from the laundry. This water contains soap, grease, dirt, and a small amount of animal and vegetable substance, and without any special risk all this might be thrown into the gutter, or underground pipes, and along with the rainfall conducted into a flowing stream, without detriment to the river.

“Besides these, we have to deal with animal and human excreta, which must be disposed of by removal. The products of the stable we wisely gather up and use for fertilising the land. Why should we not connect our stables with the sewerage and thrust the offal down the pipes, and have it all discharged into the river? Every one knows that that would be expensive and wasteful. But in disposing of human excreta, we act more unwisely still. To extravagance and cost we add untold danger. Stop and think a moment why it is that the sewerage of the city is so dangerous; breeding disease and destroying life. Is it the rainfall? Is it the slops from the kitchen or laundries? No, it is the human excreta that make the sewage and the ‘sewer gas’ so poisonous. Deliberately we connect our water-closet with the

sewers, and contaminate the whole system; and send into the adjacent river a flood of corruption that makes that river for miles a breeder of pestilence. We spoil its fair waters for fish and beast and man. And we boast of it all, as the perfection of sanitary science.

"I do not hesitate to say that this is all wrong. It might be endured if there were no other way of disposing of human excreta. We know, however, there is a better way. Earth-closets have abundantly demonstrated their utility. If our sanitary engineers would stop a little while in their work on sewers and perfect the method of removing the excreta of the closets in a dry form, we would save a large amount of money, we would greatly increase the amount of our fertilising material, and we would almost certainly escape the contaminating and disease-producing effects which are due to our sewers. This city (Ionia) is facing this question to-day. It is proposed that she shall have a system of modern sewers, with water-closet attachments. Her streets are to be dug up and pipes laid down that shall carry their contents into yonder beautiful river, making the water inexpressibly foul along the banks of the valuable farms for miles below your city. This will be an expensive way of depreciating much valuable property; and it will amount to placing under your fair city a prolific breeder of disease and death, for which you will pay large taxes and still larger doctor's bills. All this can be avoided in the manner described; and I counsel you to the wiser course.

"Dr. Lyster's paper needs no words of commendation. It is an admirable statement of a bad thing, and could not be better, unless after describing so well the sewer system at present in vogue, he advised you to discard it."

Apropos to the same subject we publish the following from the Springfield (Mass.) *Republican* :—

"The public generally will watch with interest Boston's experiment of leading its sewage into deep tide water. The entire cost has been \$4,544,282, and the building of the sewerage is spoken of as 'one of the greatest engineering feats of the age.' It may seem a little hypercritical to express a regret on this inaugural day of great enterprise that Boston did not see fit to include in its plans all the possibilities in the case. London has taught the world that a nuisance can be turned into a profitable product available for agriculture. The market gardeners about the city eagerly

take up all the sewage fertilisers turned out at the London works, and find them even better than what they buy in the market. At Pullman, the infant city of Illinois, also, the revenue derived from the sale of the manipulated sewage is a good and fair interest upon the money invested in the works, to say nothing of the incalculable benefit to the community in the solution of a serious difficulty."

DANGERS OF COSMETICS.

THE *Midland Medical Miscellany* of April 1 furnishes us with the following:—

Dr. Tuttle has recently published the result of some investigations made by him regarding the constituents and general effects of certain cosmetics from which, in the author's words, we take the following abstract:—

It is a reproach to modern civilisation that one should find occasion in the day of enlightenment to raise his voice against the use of cosmetics. *Æsthetics* has done much to cultivate a taste for natural beauty, but it has not yet taught our ladies to appreciate the natural skin above its artificial equipments, except when they see the latter on a rival beauty's face; and the science of chemistry and art of pharmacy have been exhausted to prepare delicate colourings and bright enamels for the complexion. It seems to have been a conception of the ages past that these adornments added to the personal attractions of men as well as women, inflaming passion and calling forth amorous ebullitions in the opposite sex. That it should be held in disrepute will not be questioned, for it was those whose consciences did not falter at whatever means to gain an end—the vicious and vulgar, the harlots and witches—who were the originators of these practices. Proud Jezebel painted her face to meet the victorious Jehu, and the prophet charges among the abominations of Ahola and Aholibah, "Thou paintedst thine eyes, and decked thyself with ornaments to meet strange men." With such unsavoury precedents it would seem that this relic of barbarism would hardly find its way into the better classes of society. But, indeed, it has, and is fast gaining ground, becoming less obtrusive and bold, but more disastrous in its effects with every round in the social ladder. Not only has refinement increased the virulence of cosmetics

as a rule, but the more social obligations one has the more is she compelled to be adorned (?), and have her face pasted, powdered, or painted with these preparations. Their constant use becomes necessary, because, without exception, those who use them are ashamed to have it known, and the neglect of their artifices for a single day might expose them to their friends or rivals. In order to recognise and appreciate the effects of these preparations, it is necessary to acquaint ourselves with their general and possible constituents. Formerly the process of adornment, in the better classes, consisted of very simple preparations, accompanied by much polishing or kneading of the skin, a process, indeed, more healthful than otherwise. Elder-flower water, almond oil, and bean-flower water are examples of the preparations used. Says Samuel Johnson, "I was never allowed to sleep till I passed through the cosmetic discipline, part of which was regular lustration performed with bean-flower water and may-dews."¹ But this practice did not cover up deformities or remove defects, as freckles, moles, or tan, and stronger preparations began to be sought. Oil of cashew gained a favourable reputation in the removal of sunburn and freckles, but the pain following its use brought it into disrepute.² After this the use of corrosive sublimate came into vogue, and rose or elder-water was beaten down with bitter almonds, and this drug added in varying proportions. Then came the face-powders to cover up deformities, in which are incorporated bismuth, calcium, zinc, lead, French chalk, etc. These preparations are largely sold to-day. In 1870 Dr. W. E. Chandler published his report to the Metropolitan Board of Health on "Dangerous Cosmetics." He there showed that, with one exception, sixteen hair tonics which he was able to examine contained carbonate or other compound of lead. The exception, "Hoyk's Hiawatha Hair Restorative," contained nitrate of silver. Sulphur was incorporated with the lead to produce the black sulphide. After analysing a number of "*lotions*," containing, with one exception, "*no injurious metal*;" "*enamels*" containing zinc and lead generally, and "*powders*" composed of calcium, French chalk, magnesium, and bismuth, he concludes:—

1. With few exceptions, hair tonics, washes, and restoratives contain lead in considerable quantities; that they owe

¹ "Rambler," No. 130.

² Granger: Sugar-cane, Note to V., 137.

their action to this metal, and are highly dangerous to the health of the person using them.

2. With a single exception, Perry's moth lotion, the lotions for the skin are free from lead or other injurious metals.

3. That the enamels are composed of carbonate of lime, oxide of zinc, or carbonate of lead, suspended in water. The first two classes of enamels are comparatively harmless—as harmless as any other white dirt when plastered over the skin to close its pores and prevent its healthy action; on the other hand, the enamels composed of carbonate of lead are highly dangerous, and their use is certain to produce disastrous results to those who patronise them.

4. The white powders for the skin are harmless, except in so far as their use may interfere with the healthy action of the skin.

I have stated these conclusions in full on account of my respect for their author, and because they come partly from the latter three. Carrying the analyses further, I have derived the following:—

POWDERS.

Preparations.	Main constituents.
Pearl. White	Subnitrate bismuthi.
Flake. White	Carbonate lead.
Saunders's Face Powder.....	Oxide of zinc.
Complexion Powder	Bismuth subcarbon.
Riker's Face Powder	Carbon calcium and zinc.

LOTIONS.

Circassian Cream	Corrosive sublimate.
Kalydor	Corrosive sublimate and potash.
Milk of Roses	Corrosive sublimate, rose water, and ol. almonds.

ENAMELS.

Laird's Bloom of Youth.....	Oxide of zinc and calcium.
French's Grease Paint	Oxide of zinc and calcium.
Gourand's Oriental Cream.....	Calomel and water.
Hagan's Magnolia Balm ¹	Oxide of zinc.
Bradford's Enameline ¹	Oxide of zinc.
Eugenie's Favourite ¹	Carbonate of lead.
Snow-white Enamel	Carbonate of lead.
Snow-white Oriental Cream	Carbonate of lead.

It is a popular misconception, into which Dr. Chandler has almost fallen, that only those preparations containing lead are deleterious in their constitutional effects. The fact

¹ Chandler.

that mercury is contained in any of these preparations will be a surprise to many of their patrons, and convincing proof that "warranted free from lead" does not make them harmless. The similar behaviour of lead, mercury, zinc, and bismuth with alkali metals, found in the blood, would in the beginning suggest an analogy in their physiological effects. That this expectation has been at least in part met, is exemplified in the differential diagnosis of chronic lead and mercuric poisoning. The acute toxic effects of these drugs are no less similar, and I am persuaded that zinc, and possibly bismuth, may have produced the same general effects. The assumption that all dangerous cosmetics contain lead is more general than one would suppose, and due to two facts—viz., formerly the majority did contain it; and, secondly, many cases of poisoning closely resembling plumbism have been brought about by the use of these preparations. But the similarity of effects produced by other drugs invalidates conclusions on these grounds, and, moreover, preparations which it is positively asserted have produced acute and chronic plumbism, contain no lead whatever, but salts of zinc, as we shall see further on. Workers in zinc have been frequently attacked with so-called lead-poisoning, said to be due to the latter metal in combination with the zinc, and it is claimed by some that they are even more subject to general progressive muscular atrophy than workers in lead. Furthermore, they are equally subject to constipation, colic, and hæmorrhages from the lungs.¹ Says Dr. Bartholow, "All the salts of zinc, when long continued, may produce a train of symptoms not unlike those of lead—viz., emaciation, pallor, loss of strength, constipation, colic, muscular weakness and trembling, paralysis, etc." The oxide in large doses, and continued for a long time, has produced a fetid breath, wasting, gastro-intestinal catarrh, and feeble-mindedness.² Ringer bears similar testimony as to the effects of this metal.³ Oxide of zinc, used in painting, has produced colic similar to that of lead.⁴ To argue contrary to this on the ground of frequent indiscriminate use of the official ung. zinci oxide would be of no avail, as this would be offset by the similar and harmless use of pure carbonate of lead in

¹ "Amer. Dispen.," 1543. "Bot. Kin. Med. Chir. Rev.," 1873.

² "Mat. Med. and Thera.," 230.

³ "System. Therap.," 257.

⁴ U. S. Dispensatory, 942, *Chemical Gazette*, September, 1850.

burns, scalds, and wounds. That the substances are insoluble offers nothing to the contrary of their constitutional effects, for it is well known that solid particles, finely divided, find their way into the lymphatic, and thence into the general system, more readily than watery solutions.¹ Of the effects of the local use of mercury, it is unnecessary for me to speak. For its disastrous results one need only consult the nearest work on therapeutics or toxicology. I have seen, in one case, severe salivation produced by the local use of less than three grains of calomel, and torturing cramps and nausea from a weak solution of the corrosive chloride for pediculus capitis. Numerous instances of necrosis, gangrene, and death from equally small doses are on record.² Bismuth is an astringent metal, and besides its effects in stopping up the pores and preventing the healthy action of the skin, it has been known, used as a cosmetic, to produce "clamminess, nausea, and spasms," differing in degree only from those of lead, mercury, and zinc.³ Notwithstanding such facts, all of these metals are freely used in the cosmetic preparations for sale in every pharmacy, and there is no law to protect the public against them. Of the powders containing only calcium, magnesia, and French chalk, I am unable to affirm any constitutional effects beyond those due to stopping the pores of the skin; but they are certainly very prejudicial to the healthful action of that organ, and many a fair complexion has been ruined by their use. Bismuth is becoming less used on account of its changing its colour in the presence of certain gases, and its expensive-ness. Here let me say the manufacture of cosmetics is no profitless business. As early as the publication of the *Spectator*, No. 33, it was said, "I have known a physician of learning and sense, after eight years' study in the university, and a course of travel into most of the countries of Europe, owe the first raisings of his fortune to a cosmetic wash;" and if I mistake not, some in our present day would see their financial fortunes rise by peddling cosmetics instead of pills. I have already said enough to anticipate what I shall here add as conclusions from this study.

First.—All preparations which can clog the pores or irritate the skin are prejudicial to the health and beauty of that organ.

¹ "Foster's Physiology."

² Taylor on Poisons, *Med. Times and Gazette*, ii., 1881; i., 1882, et. al.

³ "Am. Encycloped., Veman's Mch. Board of Health Rep.," 1880.

Second.—Lead, mercury, zinc, and bismuth may be absorbed into the system from the application to the skin, produce the same general constitutional disturbances, differing mostly in degree, and are hurtful in their respective order.

Third.—Dyspepsia, nausea, constipation, or diarrhœa, colic, emaciation, tremors, paralysis, and weak-mindedness, may be brought on by the use of these preparations.

Fourth.—All cosmetics belong to either one or the other of these classes, produce local or systemic injury, and are therefore unfit and dangerous to use.

Fifth.—A law should be enacted requiring all manufacturers to print in full all articles contained in their preparations, at the same time prohibiting the sale of those containing the more dangerous metals.

A CASE OF OBSTINATE CONSTIPATION CURED BY SILICEA.

By BABU GRISH CHANDRA DATTA, L.M.S.

X—, son of Babu —, of Pykeparah, aged three years. This child was born with an imperforate anus, which was operated on by an assistant surgeon the day after his birth; after the operation his bowels were washed out by an enema of tepid water; since then he was not able to pass stool naturally. The very best medical advice was taken, purgatives, laxatives, and tonics were administered, and medicated enemas were given, with the effect of relieving the bowels for the time being, without any permanent benefit. This plan of treatment was followed for nearly a year, afterwards he was treated homœopathically for some time. *Alumina*, *Opium*, *Hydrastis*, *Ammonium Muriaticum*, etc., were given; some of these medicines did relieve the bowels, but their actions did not continue to give the same benefit as when first administered, consequently no permanent good was done, and the bowels again became constipated. When the child was about a year and a half old he was sent for a change as advised by the medical attendants, and was left entirely to nature, but these means did not relieve him from his illness. Every sixth or seventh day, when the abdomen became very much distended and hard by the accumulation of hard fœces, an attending maid-servant used to introduce her finger into the anus and get out some hard fœces; by

doing this he was slightly relieved, and in this way he was kept up to this age. I was called on the 5th of May, 1880; then the child was aged 3½ years, he was pale and emaciated, abdomen enormously distended and hard as stone; the whole of the abdominal cavity was filled up with hard fæcal balls distinctly perceptible to the hand. Whenever he had the call to stool he used to run away from place to place to avoid the agony of passing it. The appetite was very poor.

Treatment.—In order to accustom him to sit on his legs when he had calls for stool, and also to stimulate the intestinal canal, I ordered cold-water injections morning and evening, and considering that the operation for imperforate anus might have been the cause of this trouble, I gave *Calendula* and *Arnica*; diet, rice and vegetables.

6th May, 10 a.m.—No relief. I administered the enema myself; a few hard balls came out with the injected water. *Sulphur* 30, twice daily: diet the same.

7th.—Much the same. *Hydrastis* 1st, enema continued, the child used to sit on his legs after the enema to expel the injected water.

8th, 10 a.m.—I injected cold water into the rectum and kept it in for a quarter of an hour; he sat on his legs to evacuate the bowels; when all the water came out he began to strain, but notwithstanding the straining, the stool receded. I therefore at once prescribed *Silicea* 30, twice daily: diet continued.

9th.—Two hours after taking the first dose of the medicine he passed an enormous quantity of hard fæces, and after the second dose he had two stools in the night which were not so hard as the one in the morning. *Silicea* was continued once a day for three days: diet continued.

13th.—The father reported to me that his child was doing very well in all respects, he was getting two stools daily, and that his appetite had also much improved. I gave him instructions to give him a dose of the medicine now and then when his boy shall get any tendency to constipation. Since then the child had not the least tendency to constipation these last three years.

Remarks.

If I had not administered the enema myself, and watched the result, the peculiar symptom for which I selected *Silicea*

would never have been noticed, and had it not been for *Silicea* the child would in all probability never have been cured.—*Calcutta Journal of Medicine*.

IMPORTANT PHYSIOLOGICAL DISCOVERIES.

DR. A. FRAENKEL has read a paper before the Physiological Society of Berlin on certain experiments which he has made in conjunction with Dr. Geppert to determine the influence of a rarefied atmosphere upon the animal organism. In addition to the general phenomena and the behaviour of the gases of the blood in animals which breathe in a rarefied atmosphere, investigations were made as to the influence of rarefaction upon blood pressure. The blood pressure was read off upon a manometer, one arm of which communicated through the side of the box (in which the animal was kept exposed), with an artery of the animal, while the other arm was in communication with the general cavity of the box. When the atmospheric pressure sank to half the normal amount, the blood pressure showed no change; when the pressure sank to a third of an atmosphere, a small rise took place in the blood pressure. This rise, however, passed away during the sleep that occurred under the influence of this amount of rarefaction, and the pressure became normal again. When the air was still further rarefied till the pressure was as low as one-quarter of an atmosphere or less, the pulse became weak and small, the blood pressure went down, and then if normal quantities of oxygen were not quickly restored, the heart stopped. The chief gain of the whole investigation was the definite determination of the influence of a rarefied atmosphere upon metastasis (*Stoffwechsel*), upon which question only few and contradictory *data* exist. The investigators agreed in general with M. Paul Bert in regarding the effect of a rarefied atmosphere as inducing a chemical change which was brought about by a diminished supply of oxygen. The amount of urea secreted in the twenty-four hours was taken as the measure of metastasis. During a lengthened period of observation on those days in which the animals thus experimented upon had the same amount of food, the quantity of urea secreted in the twenty-four hours remained constant. Nor was there any alteration in the amount of urea when they were exposed to variations

of pressure down to half an atmosphere. On the diminution of the pressure to one-third of an atmosphere, at and under which pressure the amount of oxygen contained in the blood is markedly diminished, and the animal falls into a deep sleep, there was, after this degree of rarefaction had lasted several hours, a very remarkable increase in the amount of urea. This increase did not occur till the next day in the case of animals which had been fed, whereas it occurred on the day of the experiment in the case of those animals which were kept hungry; but it lasted in all cases over a couple of days after the experiment. Dr. Fraenkel's belief is that the rarefaction influences the metastasis, by depriving the blood and the tissues of some of their necessary oxygen, and that this want of oxygen entails an excessive destruction of albumen, the constituents of which are in part deposited as fat and in part are changed into urinary products. Besides the increased elimination of urea, fatty degeneration of tissues (*e.g.*, of the heart) is observed when the system is in want of oxygen.—*Extract.*

IODOFORM IN PHTHISIS.

At a recent meeting of the Manchester Medical Society, Dr. Dreshfield read a paper on the internal administration of *Iodoform* in phthisis. His experience extended over a period of more than six months; and the results so far obtained were satisfactory. The *Iodoform* was given by inhalation, and internally, in the form of pills (one grain per dose), mixed with *Creosote* and *Dextrin*. The best results were obtained in cases of incipient and acute phthisis. The conclusions arrived at were these:—1. *Iodoform* is well borne by the patient, without producing nausea or gastric irritation. 2. Owing to its anæsthetic properties, it relieves the irritation in the throat, and the cough, especially in incipient phthisis. 3. In some cases, it increased the digestive powers and appetite, and relieved the vomiting. 4. It reduces slightly the temperature in cases of phthisis with raised temperature. 5. In no case have any bad results followed the inhalation of *Iodoform*. 6. Hæmoptysis forms no counter-indication for its administration (in some cases, hæmoptysis entirely disappeared on the administration of *Iodoform*). 7. In incipient phthisis, *Iodoform* seems to arrest the disease.—*British Medical Journal.*

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LITERATURE.

SLEEPLESSNESS.¹

WE are pleased to see this useful and elegant little volume on the important subject of sleeplessness, wherein the condition thus designated is dealt with in an eminently practical and intelligent way. Few medical men will read it without gaining some practical hints of value from its pages. By medical men we mean those of the homœopathic persuasion, for it is too much to hope that it will be read by those whose mental level admits of confounding narcosis with "natural sleep," and whose progress consists in moving from *Opium* to *Morphia*, from *Morphia* to *Chloral hydrate*, and thence away to the therapeutic utopia of *Paraldehyd*, which is situate a very short distance on the other side of Nowhere. Our author's little treatise is the very thing for intelligent laymen, and we feel it cannot fail to do good by helping to free the wakeful from the bondage of narcotics.

POPULAR PAPERS ON BOTANY.

VIEWED from a distance, botany, with its laborious classifications, generic distinctions, and long Latin words, is apt to appear very forbidding to young students. Why—once asked Tom Hood—have such ugly names been given to some of the prettiest objects of the floral kingdom? The answer to this, and many other questions of like interest, will be discovered if a peep is taken into what may be called the hidden life of plants and flowers, as revealed in an excellent work lately published by Mr. Step, of which a new edition is just out. It is popular in the best sense of singling out the most curious and remarkable subjects of the natural kingdom, and making them the means of imparting general instruction in the science of botany. The parasitic *Rafflesia Arnoldi* of Sumatra, which possesses neither leaf nor stem, but exists simply as a flower, giving forth the odour of tainted beef, and thus attracting large numbers of insects, is described alongside the *Mantisia*. The latter is a genus of plants of the Ginger tribe, the flowers of which mimic in the strangest manner

¹ Sleeplessness: its Treatment by Homœopathy, Hydropathy, and other Accessory Means. By F. G. Stanley Wilde, L.R.C.P., L.R.C.S. Edin. London: The Homœopathic Publishing Company.

the Mantis, an insect that stands for hours in an erect and almost immovable position on the stems of trees and plants, with its fore-legs held up like arms waiting to seize any insect which may come within reach. These are but isolated instances of the store of entertaining information contained in the volume. Passing from the particular to the general, the truth is made plain that man is absolutely dependent upon plant-life for his existence. Were all vegetable life withdrawn from this globe, animal life would quickly cease, so intimate is the connection between animals and plants. The poisonous carbon with which the respiration of animals pollutes the air is consumed by plants, which in turn give out the oxygen that is absolutely necessary for our existence. Even elementary truths of this character are slow to afford practical lessons by illustrating the benefits of parks and gardens and trees by the wayside in populous cities and towns. Plant life, indeed, is a subject that may be investigated with growing interest and advantage by all classes of the community, and we shall be glad to see Mr. Step's book adopted for school reading.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homeopathic World.

LETTER FROM DR. GILES GOLDSBROUGH.

SIR,—Will you allow me space to correct any misapprehension which may have been created by your review of my paper entitled "Some Comparisons in the Treatment of Diphtheria"? I am sorry your reviewer was not familiar with the essay by Dr. von Villers, which was published in the *British Journal of Homœopathy*, because, had he been so, he would have seen that I was quite correct in stating that Dr. von Villers therein describes his *first* treatment of diphtheria by the *Cyanide of Mercury*. On page 341 of the journal he gives the date of this as February, 1864. I do not deny that Dr. von Villers's use of the drug has been the common property of the homœopathic world for years, but I do assert that it is not so widely known as it ought to

be, and that any results so remarkable as his have never been placed on record in the English language in any detail. I had come to this conclusion previous to writing my paper, and my sole object in introducing the subject was to elicit the experience of the members of the Society up to the present time on the point of the dilution raised by Dr. von Villers. Had your reviewer read my paper carefully, and the discussion which followed as well, he would have seen that I expressly acknowledge that my experience corroborates the statement of Dr. von Villers, that the second or low dilutions of the drug are not curative; and he would have further seen that I was right in my previous conclusion, for out of twelve who took part in the discussion, only one had used the high dilutions prior to the appearance of the essay. In my reply on the discussion I stated that I had not wished to throw any doubt on the accuracy of the statements made by Dr. von Villers, and after hearing the remarks of several of the speakers, notably Drs. Dudgeon, G. Clifton, and Hughes (and of your reviewer, of course, had he spoken), I should henceforth use the drug in the dilutions recommended by Dr. von Villers. If in the epidemic which occurred in your reviewer's experience he had placed on record the remarkable results he obtained with the high dilutions, I should never have introduced the subject, and should most likely have given my patients the twelfth or thirtieth instead of the second dilution with similar success.

I am, Sir,

Yours faithfully,

GILES F. GOLDSBROUGH, M.D.

50, Cold Harbour Lane, S.E., April 21.

[Our reviewer had been familiar with von Villers's use of the *Cyanide of Mercury* in diphtheria exactly ten years before the publication of the essay referred to by our correspondent, whose attempt here to raise a false issue thus signally fails. No misapprehension was at all likely to arise from our review, as any one may see for himself by reference to our April issue, p. 180. Our correspondent evidently misses the point of our criticism in regard to Dr. von Villers's "*first (sic)* treatment of the disease by the *Cyanide of Mercury*;" we meant, merely, that as he has *only one* such treatment and no second it is illogical to write thus; we did not refer to the date at all. The quasi-flattering statement contained

in the concluding passage of Dr. Goldsbrough's letter is too transparent to need comment.—Ed. *H. W.*]

DR. PRINGLE ON SMALLPOX IN INDIA.

THE following important communication was lately addressed to the *Times* :—

SIR,—Will you allow me, as, perhaps, the senior officer as regards length of service in the Vaccine Department in India, to say a few words regarding the epidemic of smallpox now raging in Madras, and, as your Calcutta correspondent in his telegram of the 30th March adds, “to a greater or less extent in almost every large city in the country”? In 1864, when the Vaccine Department of the North-West Provinces was remodelled, after the exposure resulting from the detection of a system of false vaccine returns in the Agra Division, I was appointed Superintendent of Vaccine of the Agra and Meerut Division, with a population of ten millions; from 1864 to the present I have continuously served in the Vaccine Department in that appointment, though for some years sanitary duties have been added to my proper vaccine work, and I am now styled the Deputy Sanitary Commissioner of the 1st Circle North-West Provinces and Oudh.

During these twenty years I have never performed myself, nor allowed any of my native subordinates to perform, in the case of a native, one operation of secondary vaccination. Last year at this time a fearful epidemic of smallpox, the most extensive and fatal I have seen during these twenty years, was witnessed in the North-West Provinces and Oudh, and most crucially was my vaccination tested. In the cantonment of Meerut, with a population of nearly 40,000, not one case of smallpox, as the military records will show, occurred in the person of a native vaccinated by my subordinates. In the city of Meerut, with its population of 80,000, two cases of smallpox occurred in the persons of two Bengalees, emigration agents, one of whom was inoculated and the other vaccinated in Bengal. In the sacred city of Muttra, with its vast pilgrim traffic, not one fatal case of smallpox occurred, whereas in 1863-64, on the recorded evidence of Dr. Smith, at present civil surgeon of Allahabad, 3,500 children died of smallpox in less than two months. In

Landour, one of the military sanitarium in the Himalayas, smallpox appeared in the washermen's village in the cases of three unvaccinated children, but did not spread further, and in the adjoining large Civil Sanitarium of Mussouree a few isolated cases in the persons of unvaccinated Ladakees or inoculated hillmen were met with; but not one single case was met with among the vaccinated native population in these sanitarium, though every hillman above thirty years of age had most probably been vaccinated by myself or my native vaccinators during the past twenty years. In the Dehra Dhoon, with a population of nearly 150,000, the highway to Hurdwar from the Punjab, smallpox is almost unknown among the natives.

It is in no spirit of self-laudation I draw such attention to these facts, but merely to place the following on record as the result of my twenty years' experience in a country with a population of ten millions, where I have been engaged in carrying on a scheme of purely voluntary vaccination. Given a locality, be it city, district, or province, in which the vaccine operations have for, say, six consecutive years reached the birth-rate, if smallpox appears in any of these places as an epidemic, the vaccine returns are false or the vaccination spurious as regards the immunity it imparts. I have proved this to be the case, and if the Government in India bring this statement to the test in any of the large cities alluded to by your correspondent, I am certain they will find it to be strictly correct. The result of my practical experience of twenty years in the densely populated districts of the Upper Doab, or Mesopotamia of India, with an average of 465 in a square mile and a total population of ten millions, and without in that period the necessity of performing one case of re-vaccination, is that smallpox cannot exist, even in the slightest epidemic form, in localities where the birth-rate has been reached for a series of years by vaccine operations. In every locality in India at least some unvaccinated cases will remain, and if they suffer from smallpox they only prove the quality of the vaccination and its extent by the disease not spreading, as at Landour and Mussouree this time last year. Vaccination in India has to stand a very different test to what it has to undergo in this country, and last year it was the commonest occurrence in villages where vaccination, from its purely optional character, was only partially accepted to find the vaccinated children playing in the streets with other children covered with

smallpox in every stage of the disease. It is a crucial test like this which enables me to speak and, in this case, write so apparently authoritatively on the immunity imparted by successful vaccination without the practice of re-vaccination, and that must be my excuse for asking you to insert this long letter.

Yours truly,

R. PRINGLE, M.D., Sanitary Department, North-West Provinces and Oudh, on furlough.

Blackheath, April 2.

[Do our anti-vaccinist friends discover any flaw in this communication?—ED. H. W.]

REPORTS OF INSTITUTIONS.

THE LONDON HOMCEOPATHIC HOSPITAL.

THE new wing in Powis Place, built for the accommodation of additional nurses for training in the wards and nursing invalids at their residences, was inaugurated on Saturday, April 5th, by Lady Ebury, in the presence of a distinguished assembly of ladies and gentlemen, including Lord Ebury, General Sir James and Miss Alexander, Major and Mrs. Vaughan Morgan, Mr. and Mrs. Alan E. Chambre, Mr. A. R. Pite, Mr. W. H. Trapmann, Dr. Yeldham, Dr. Blackley, Dr. Jagielski, Dr. Dyce Brown, Mr. G. A. Cross (secretary), and a very considerable number of the supporters of the Charity.

The Chaplain (the Rev. D. Craven) commenced the proceedings by prayer.

Major Vaughan Morgan (the treasurer) then said: My Lady Ebury, before I refer to the particular object of our meeting, perhaps it would be appropriate if I said a word or two with respect to the melancholy death which has taken place this week. Some of our friends thought that another day ought to have been appropriated for the opening of the new wing, but they would have thought otherwise had they known what I know of the vast amount of organisation, time, and expense which have been necessary to get up this commemoration. They would certainly have thought differently if I had told them that if we had postponed it to-day we could not have held it for another month, and during all that time we should have been in a state of disorganisation,

and the nurses who came from the country, and who were spared for the day from their patients, would have suffered very considerably. In point of fact, if it had been decided not to have had the inauguration to-day as originally proposed, it is impossible to say whether it would have been held at all. Many events have been postponed on account of the death of the Duke of Albany; but on this subject I should like to read what the Lord Chief Justice said yesterday: "I may as well mention that it has been suggested by a person of authority, who of course is entitled to express his own view, that it would be a proper thing if these courts did not sit to-morrow, in consequence of the funeral of the Duke of Albany. My view is that which was expressed in far better language than I can find by my illustrious predecessor on a similar occasion—that the true way to pay respect to Her Majesty is to administer justice to the suitors who are thronging these courts. The Court of Criminal appeal must, in my judgment, sit, whatever may be one's feelings. I have no right, and my learned brothers have no right, to keep persons in prison for perhaps four or five weeks when a court can, and in my humble judgment ought to, determine their cases. The Court of Criminal Appeal ought to and must sit. With regard to the courts at *nisi prius*, I have no authority over any other judge. I merely wish to indicate my own opinion that the proper way of paying respect to the Crown is to do the duty of the Crown to the subjects of the Crown; and having said that, I must leave every judge to act upon his own responsibility." I wish therefore, my lady, to express publicly that it is not from any want of sympathy with the bereaved mother or the widowed wife that we have met to-day. (Hear, hear.) This occasion is by no means a festivity. We hope to make your visit agreeable, and that you will profit by it. But we really want to get some profit from you, and not for you. Our object is for the benefit of the poor patients, and if there is any object that would justify the meeting being held to-day, it is such a one as that. (Cheers.) My Lady Ebury, it is not through any merits of my own, but because I happen to hold the office of treasurer of this Hospital at the present moment, I have been requested to say a few explanatory words on this occasion. Some years ago the freehold land on which we now stand was offered to the Hospital, together with a rickety building. Freeholds being scarce in London, and our honorary architect reporting that the property was well worth

the price asked, it was decided to employ some of the reserve funds in its purchase. At the time the income of the Hospital did not suffice to fill the wards, but the Board had faith in the spread of Homœopathy, and looked forward to the future requirements of an enlarged hospital. Meantime, the rental received from the house gave a good percentage on its cost, so that no loss of income occurred from its purchase. Last year the house became so dilapidated that the question arose whether it should be rebuilt as a dwelling-house, or added to the Hospital. Now, although Homœopathy had, in the meantime, expanded considerably, it had done so somewhat laterally. It had largely permeated general practice; but, strictly as Homœopathy, it had not been credited with its real results, and the funds of the Hospital, although considerably increased, had not done so in sufficient force to justify its enlargement. Too many of the modern school, while using the knowledge acquired from Hahnemann, failed in the necessary courage and honesty to acknowledge their source of inspiration. (Hear, hear.) From this and other causes when the question of utilising this space came before us last year, it was not considered that the time had arrived for increasing the wards of the Hospital. At this moment a happy thought occurred to some of us, which was immediately hailed as an inspiration and adopted. This Hospital is fortunate in the possession of a very able and energetic lady superintendent, Miss Brew; and the success which has attended the nursing of the Hospital has been so marked, and the demands upon it so great, that it was decided to utilise the space at our command by erecting a Nursing Institute. (Hear, hear.) In pursuance of this object, the original intention of eventually enlarging the Hospital has not been lost sight of. Our able and indefatigable honorary architect, Mr. Pite, has designed the building, so that it can at any time be added to, and become an integral part of the existing Hospital without the slightest alteration. (Hear, hear.) Hitherto we have been obliged to confine our staff of outdoor nurses, which commenced with two or three, to ten; the number is now rapidly being increased, and eventually we hope to be able to supply at least sixty; but, of course, it will take some time to instruct and make perfectly competent so large a number, because our lady superintendent is very particular on this question of competency, to which fact is doubtless attributable much of her great success. Now, my lady, it is to open

this Nursing Institute that your ladyship has kindly consented to be present to-day, and I hope that it will increase the pleasure with which you will perform that ceremony, if I can show that while we are alleviating suffering, and providing employment of a suitable and sympathetic nature for highly-deserving women, we are at the same time by this organisation spreading a knowledge of Homœopathy, and adding to the resources of the Charity. (Applause.) Experience has shown that ten nurses well drilled and efficient can earn a profit of £300 per annum; therefore, if you multiply that sum by six, you arrive at a sum of £1,800, which we hope and believe will be the future income from this source. (Hear, hear.) With this sum and the amount to be raised by the new system of *mutually endowed beds*, to which I would desire to direct special attention, we hope very shortly to be able to fill the ward in which we are now assembled, and which for want of funds cannot at present be utilised. As this building, including the freehold, has cost £4,000, it will be seen that an annual income of £1,800, or even half that sum, will prove to be by no means a bad investment, looked at simply from the financial point of view. But I am happy to add that there is every probability of our expenditure on this institute being largely recouped. We have received donations already to the amount of £1,000, and we trust that the proceedings of to-day, and publicity given to the Hospital, will result in such increased subscriptions and donations as will cover, or nearly so, the whole outlay. (Applause.) It will be in the memory of many here, how great a change has come over the system of nursing. The system exemplified in the character of the immortal Sairy Gamp has almost ceased to exist; and we may soon say of those ladies what her friend, Betsy Prigg, said of Mrs. Harris, that "We don't believe there ain't no such a person." (Laughter.) Your ladyship knows very well from your constant visits to this Hospital, the kind of nurses Miss Brew trains; but those who are not familiar with them can hardly realise the difference between those of the old school and the nurses of to-day—possessing a genuine love for their calling, sympathetic, tender, gentle, well instructed in the art of nursing, skilled to be of service in emergencies, angels of mercy, ministering, as only women can, to the needs of the sick. (Applause.) In conclusion, I wish to say that those interested in this Hospital firmly believe in the usefulness of their labour; we know all cannot

be heroic and fill the public eye, but we also know that every one can do something to improve the lot of humanity, and we bear in mind those beautiful words of Longfellow—

“Lives of great men all remind us
We can make our lives sublime;
And, departing, leave behind us
Footprints on the sands of time.”

(Applause.)

Lady Ebury then rose and said: I have much pleasure in declaring this Institution to be open to the public. (Great applause.)

The Chaplain having pronounced the benediction,

Major Vaughan Morgan invited the numerous visitors to inspect the Hospital, and also to assist its funds by purchasing some of the useful and fancy articles presented by friends and offered at a sale, which, as far as possible, was conducted by the nurses. In addition to the sale there were attractive flower stalls, general artistic and scientific and fancy art exhibitions, a department illustrating recent inventions in electrical science, and an amusing living waxwork troupe. A high-class promenade concert—which was greatly appreciated by the company—was given by the following artistes:—Miss Clara Reed, Miss Kate Bentley, Miss Navarre, Mdle. Eugénie Bénard, Miss Jeanie Rosse, and Messrs. Charles Mason, Munkettrich, Walter Clifford, and Alan E. Chambre, and the accompanists were Signor Romili, Messrs. Ernest Ford, Ernest Kiver, and Alfred Allen.

The visitors inspected both the old and new building, the latter being admirably arranged and fitted up with all modern appliances. The greatest attraction was undoubtedly the Barton or children's ward in the old Hospital. There the little patients, from a few months old and upwards, were seen in their swing cradles or small cots, each one old enough to take delight therein having a collection of flowers, a doll or two, coloured illustrated books or toys of some kind, which, combined with the careful nursing and constant attention to their wants, made them cheerful, despite their sufferings. It is no wonder that the little things leave the Hospital with regret, for few, if any, of them meet with such kindness, cleanliness, and comfort at their own poor homes. Both ladies and gentlemen entered into the cases of the young patients, one of whom had as a companion in his cot a tortoise, and another was stroking a tame dove, which, with other birds, helped to make the ward as cheerful as it was

possible to make a sick room. In this ward were a boy's and girl's bed endowed by mutual subscription—that is to say, little boys whose circumstances permit have contributed to endow the former bed, and a number of little girls the latter. The girl's bed is maintained Miss Cross, Miss R. Crisp, Miss M. Harrison, Miss L. Lindsey, Miss Lucy Morgan, Miss E. M. Nelder, Miss Marjory Peto, Miss Rose Trapmann, and Miss L. T. Trapmann. The boy's bed is supported by Masters A. Crisp, Cross, Wm. Montagu Harrison, Kenyon Penry Morgan, Percy Vaughan Morgan, and Albert Trapmann. With regard to the endowment of beds in this Hospital no fewer than thirteen are maintained each year by funds annually contributed for the purpose, making the beds free of any special charge on the regular income of the Hospital. Six adult beds are maintained by the munificence of one lady; and one is supported by a friend. One child's cot is maintained in memory of a little boy; another is endowed yearly in memory of a deceased physician; and four beds are instituted in memory of the late Dr. William Bayes. The estimated annual cost of a child's cot is £25, while £35 provides for an adult bed. The names of those providing the yearly endowment of each bed are placed at the head of that bed in the order in which the subscriptions are received. Each subscriber will have the privilege of recommending every year a patient to occupy the bed subscribed to; and should that bed be already occupied by the nominee of another subscriber, the patient will be admitted to an unendowed bed, so far as the means of the Hospital will allow. The treasurer, or Mr. G. A. Cross (the secretary) will be glad to receive the names of any friends desirous of supporting the mutual endowment beds, or in any other way wishing to assist this useful Charity.

THE CONCERT AT THE LONDON HOMŒOPATHIC HOSPITAL.

An evening concert was given, on the 24th April, at the London Homœopathic Hospital, to the nurses and their friends, in connection with the opening of the new wing for the Nursing Institute, when, in addition, the Board of Management and the Medical Staff of the Hospital, together with a large number of friends, honoured the occasion with their presence. It may be mentioned that the several artists most

kindly rendered gratuitous service, and the well-known firm of Messrs. Erard generously lent a grand pianoforte. Notwithstanding the inclemency of the weather, the concert room was completely filled with a most enthusiastic and appreciative audience.

The concert opened with a pianoforte solo, "Faust," rendered in most efficient style by Miss Clara Reed. This was followed by a song, "The Diver," given by Mr. Alexander Tucker, a splendid bass, very powerful, and sweet in low tones. Later on the same gentleman won well-merited applause for his rendering of "The Little Hero." Mr. Oswald Jephson was very amusing in two comic songs entitled respectively "Three Little Pigs" and "The Twin Brothers." Miss Jeanie Rosse was rapturously applauded and encored in two songs, "Heaven and Earth" and "Pierrot," which she gave in splendid voice and magnificent compass. "My Little Sweetheart" and "Never to Part" were given with perfect taste by Mr. Edward Branscombe (tenor). Then followed a brilliant rendering of two pianoforte solos by Mdlle. Eugénie Bénard, a young artist who will without doubt make a name; they were "Rhapsodie Hongroise," "Night Visions, No. 4," and a "Study in C" by Rubenstein. A most excellent recital, "Mrs. Brown at the Seaside," by Arthur Sketchley, was given by Mr. Charles Ferrier, causing much laughter and genuine enjoyment. This closed the first part, when an interval of fifteen minutes was appropriately utilised for refreshment, served in the Board Room at a buffet very tastefully decorated.

On resuming, Mr. Oswald Jephson opened Part 2 with a pianoforte solo, "Kleine Lieder ohne Worte," by Jephson, and was immediately followed by Miss Woodhatch, who sang "When the heart is young," and afterwards "The cobble's coming in," in a manner which evoked not only loud applause; but gave real pleasure to the audience.

The remainder of the programme has been already noticed in the mention of the names of the several artists. Miss Whitaker and Miss Synge were the accompanists, and the proceedings were brought to a close with the National Anthem, led by Miss Jeanie Rosse and Miss Woodhatch.

JEQUIRITY AT THE EYE CLINICS.

THE eye surgeons have found a drug that will cause ophthalmia—its pretty name *Jequirity*. They now cure inflamed eyes with the eye-inflaming *Jequirity*. There was to have been a *Jequirity* bacillus, but it was not somehow quite viable. We have discovered a specific bacillus at the root of our editorial quill: hence our bad writing.

Mr. Arthur Benson (Dublin) lately contributed the results of his clinical investigations on the ophthalmia of *Jequirity* to the Ophthalmological Society of the United Kingdom. He had found that the ophthalmia could be produced by (1) the fresh powdered seeds; (2) the freshly made infusion; (3) the infusion after bacilli had grown in it; (4) the infusion six weeks old, and swarming with micro-organisms of most varied types; (5) the infusion after these bacilli had ceased all motion, and had sunk to the bottom of the liquid, apparently dead. He had examined at all stages of the disease the discharges and membranes from eyes affected with *Jequirity* ophthalmia, without ever seeing the typical bacillus. The inoculations of the discharges and membranes were entirely devoid of infective qualities. He was thus able to confirm Dr. Klein's researches. Mr. Benson used the fresh infusion made from the seeds not decorticated, but passed through a coffee-mill. He had a high opinion of the value of the treatment in granular lids, and had never seen any serious injury result from its use. In one case there was a short attack of iritis after each application, and in others some infiltration of the cornea occurred.

'Twas CHAMOMILLA HIGH.

WHAT soothed me when, in mamma's arms,
Her flowing breast lost all its charms;
And lullabys were sung in vain
To quiet down my nervous brain?—

'Twas Chamomilla.

What soothed me when, a nursing child,
Dentition drove me almost wild,
And made me fret, and cry, and yell
Like any little fiend in—well—

'Twas Chamomilla.

What soothed me when grim colic got
His bony finger on that spot
Just underneath my belly-band,
And pinched me with his ruthless hand?—

'Twas Chamomilla.

What soothed me when that dreadful pain,
A "bottle-baby's" direful bane,
Knotted my bowels into a mass,
And made my stools as green as grass?—
'Twas Chamomilla.

What soothed me when that era came,
Attended with much fear and pain,
When girlhood passes far away,
And womanhood assumes her sway?—
'Twas Chamomilla.

What soothed me when, a maiden fair,
I lost my lover, and the air
Grew dark and lonely as the sea,
And life not worth a "sou marquee"?—
'Twas Chamomilla.

What soothed me when, in "'steric fits,"
I tore my wedding gown in bits;
And vowed, by all the stars above,
I ne'er again would fall in love?—
'Twas Chamomilla.

What soothed me when, in labour-pain,
I learned escape was all in vain,
And gave me strength, I do believe,
To bear the curse entailed by Evè?—
'Twas Chamomilla.

Now, mother, maiden, baby dear,
Join in one loud and hearty cheer,
Prolonged, until the day you die,
In praise of Chamomilla high.

DR. MINTON, of Brooklyn, in *American Homœopath.*

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be

sent to us as early as possible.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopatische Zeitung, Bd. 108, Nos. 9, 10, 15, and 16.

The American Homœopath, Vol. X., No. 4.

The Medical Advance, Vol. XIV., Nos. 10 and 11.

The Clinique, Vol. V., Nos. 3 and 4.

United States Medical Investigator, No. 380.

Calcutta Journal of Medicine,
No. 10.

Hahnemannian Monthly,
Vol. VI., No. 4.

Sydney Evening News, Jan.
20, 1884.

Chemist and Druggist, April
15, 1884.

Medical Counselor, No. 111.

Recherches sur la Découverte
à Royat des Substructions d'un
Etablissement Thermal Gallo-
romain, par le Dr. A. Petit.
Thibaud, Clermont-Ferrand.
1884.

On Insanity and Nervous
Disorders Peculiar to Women.
By Thomas More - Madden,
M.D., F.R.C.S.E. Dublin :
Fannin and Co. 1884.

Dublin Journal of Medical
Science, April, 1884.

Bibliothèque Homœopathi-
que, No. 7.

Crotalus. By John W. Hay-
ward, M.D.

The Cure and Prevention of
Spinal Curvature. By A.
Lefler-Arnim.

Report of the Mitchell
Library, Glasgow, for 1883.

Keen's Bath Journal, May
3, 1884.

Homœopathic Physician,
No. 5.

Dietetic Reformer, May.

The New England Medical
Gazette, No. 5.

Journal of Medicine and
Dosimetric Therapeutics, No.
53.

Monthly Homœopathic Re-
view, May.

Daily Interocean, Chicago,
April 2, 1884.

The Zoophilist, May 1, 1884.

The Guide, May.

CORRESPONDENTS.

Communications received
from Dr. Berridge, London;
Dr. Harmar Smith, Ramsgate;
J. H. Postlethwaite, Esq.,
Brighton; Dr. Pope, Tun-
bridge Wells; Dr. John H.
Clark, London; Professor G.
W. Winterburn, New York;
Dr. Orme, Atlanta, U.S.A.;
Dr. John W. Hayward, Liver-
pool; Edward Thomas, Esq.,
Chester; Dr. Stanley Wilde,
Nottingham; George Norman,
Esq., Bath.

The Homeopathic World.

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Recollections of a Country Physician :—
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appointments of Professional Life.

Sudden Death following an Injection of
Morphia in Angina Pectoris.

The Cough of Osmium.

Mr. Sims Reeves his own Doctor.

Erigeron in Ileus; Kalmia in Albumi-
nuria; Cuprum in Vaginismus.

Diabetes and Pancreatic Disease.

The Reason of the Faith that is in Me.

Psorinum: Clinical Reflections.

Leaves from a Botanist's Note Book—
The Nettle.

The Specific Nature of Jequirity Ophthal-
mia.

Brief Clinical Notes, with Remarks.

OBITUARY:—

Joseph H. Eulte, M.D.

LITERATURE:—

Uterine Therapeutics.

CORRESPONDENCE:—

Homœopathy in the Treatment of Cata-
ract.

Infinitesimals in Bygone Times.

Danger of Obtaining Medicines at the
Stores.

Letter from Dr. Clark on Great Intellectuals
and Homœopathy.

REPORTS OF INSTITUTIONS:—

The Buchanan Ophthalmic and Cottage
Hospital.

Oxford Homœopathic Medical Dispensary.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

JULY 1, 1884.

OUR REPLY TO THE EDITOR OF "HEALTH."

IN our May issue, page 193, our readers will find the following:—

"DEAD AGAIN!

"We poor homœopaths have been said dead so many times that the thing has become a little monotonous. A kind friend sends us the April number of a journal called *Health*, and on page 426 has marked the following passages:—

"There are few, if indeed any, physicians of the present day who believe in the two great fundamental principles of the founder of Homœopathy, that like cures like ("similia similibus curantur"), or that medicinal substances are efficacious only after having been reduced to a wonderful degree of minuteness or dilution. It is, indeed, doubtful whether a true homœopath exists. Not a few of the so-called homœopaths are such in name only, in order that they may attract those patients who desire a novelty or something out of the common."

"Well, friend, we find here four separate statements. The first is that few, if indeed any, physicians of the present day believe in the fundamental principle, *similia similibus curantur*. Such a statement is easily made, and no doubt Dr. Andrew Wilson, F.R.S.E., who edits *Health*, thinks it a fine piece of information. Would this gentleman be *very* much surprised to learn that there are about *five thousand* physicians in the world who *do* believe, and that firmly, in the fundamental principle, *similia similibus curantur*?

"The next statement is that there are few, if indeed any, physicians of the present day who believe in the fundamental principle that medicinal substances are efficacious only after having been reduced to a wonderful degree of minuteness or

U

dilution. We quite agree here with Dr. Wilson, and so would Hahnemann, and so do all the said FIVE THOUSAND homœopathic physicians. We beg to inform Dr. Wilson that it was never a fundamental principle of the founder of Homœopathy that medicinal substances are efficacious only after such reduction.

“Our learned detractor’s next statement is that it is doubtful whether a ‘true homœopath’ exists. A true homœopath is one who believes in the law of similars; we have FIVE THOUSAND physicians in the world who believe in this law and are therefore ‘true homœopaths;’ and the *élite* of the intelligence of the world embraces scores of thousands of ‘true homœopaths’ in its numbers.

“Finally, we are told that ‘not a few of the so-called homœopaths are such in name only, in order that they may attract those patients who desire a novelty, or something out of the common.’ We do not know how the learned editor of *Health* arrives at this curious conclusion, but he clearly has sources of information open to him that are closed to us. Homœopathy is about ninety years old, that’s a fair age for a novelty certainly; and that Homœopathy is ‘something out of the common’ is quite true, and as such it troubles itself but very little with such astounding ignorance and twaddle as this served up by the editor of *Health*.”

We thus quote the article entire, so that it may be seen how much of ingenuousness and good faith there be in the following rejoinder which we now quote from *Health*, May 16, 1884, pp. 81-2. We give it in all its nude nothingness:—

“The *Homœopathic World* (of the existence of which we frankly confess to have been completely ignorant until an anonymous benefactor supplied us with the number for the present month) complains that we have misrepresented the state of that system of medicine which owns Hahnemann as the author of its being. The mind of the *Homœopathic World* has been perturbed by a statement—contained in a review of a work in *HEALTH*, No. 52, to the effect that Homœopathy was scarcely in actual existence in the medical world of to-day. We are then informed that no fewer than 5,000 homœopathic physicians actually exist; and this item of news is twice conveyed to the waiting world in capital letters. For the news thus afforded us we are

devoutly thankful; but there are one or two points which the editor of the *Homœopathic World* might find it advantageous to discuss in further detail. For example, does this gentleman mean to tell us that the 5,000 physicians *practice (sic)* the same invariable system of medicine? Again, assuming his figures to be correct, does the proportion of homœopathic practitioners to the entire medical profession indicate that the system is in such a highly-flourishing state, after all is said and done? The homœopathic principle of 'small doses' is evidently reflected in the common sense of the person who thinks that because 5,000 physicians out of the entire profession profess Homœopathy, such a fact testifies to the great influence and magnitude of the system in question. Homœopathy has never appealed either to the science or to the common sense of the age, and the editor of the homœopathic organ has supplied us with a fitting term for the remarks in which he attempts a criticism of our views, when he introduces to our notice the name 'twaddle' in the course of his 'infinitesimal' lucubrations."

The editor of *Health* first utters a gross misstatement, and when we point it out to him he not only does not apologise, but rather adroitly tries to shift the issue by asking questions, interesting in themselves, but not to the point; and, as usual in all allopathic journals, ending by vulgar abuse. In the first notice the editor of *Health* imputes base motives; he is absolutely ignorant of Homœopathy, knows literally nothing about it, and yet deals out his "views" upon it as an expert. He did not know of even the existence of the *Homœopathic World*, then how does he pretend to know the status of Homœopathy? Our journal has been regularly published these eighteen years, and, however insignificant it may be, a man who was confessedly ignorant of its very existence can hardly be considered as very well versed in homœopathic statistics.

Health wants to know whether "the 5,000 physicians practice (*sic!*) the same invariable system of medicine?" Yes. That is just what we do mean; they practise medicine by giving their remedies according to the law of similars, which law is invariable.

Health says: "Homœopathy has never appealed either to the science or to the common sense of the age." This is, indeed, the veriest twaddle; Homœopathy has always appealed to the science of the age by teaching the use of

drugs as a science purely and simply. It has always appealed to the common sense of the age by *proving* that it reduces the death-rate. But what is the use of discussing a difficult science like Homœopathy with a person who is absolutely ignorant of the subject, and about which he *nevertheless* claims to have "views"?

There are more things in heaven and earth, *Health*, than are dreamt of in your philosophy. By the way, *Health* is otherwise a capital journal, edited with great ability, and of high aim; but unhappily the editor thinks the science of Homœopathy is known without the learning.

We have studied Homœopathy a good many years, and not without diligence, still we feel we have much more to learn than we have yet mastered. The editor of *Health* has no knowledge of the subject whatsoever, yet delivers thereon so sapiently and conceitedly his "views" of which he represents us as "attempting a criticism"! No, dear brother chip, your "views" on Homœopathy are beneath criticism.

THE MEDICAL FAITH OF EMINENT PUBLIC MEN.¹

By ALFRED C. POPE, M.D., M.R.C.S., Co-editor of the *Monthly Homœopathic Review*.

Few circumstances, in connection with the progress which Homœopathy has made in the confidence of mankind throughout the world, have given rise to more frequent outbursts of "envy, hatred, and malice," on the part of its opponents in the profession of medicine, than has the reliance placed upon its avowed practitioners in the time of serious illness by men known to every one as persons remarkable for their general information, their independence of thought, and shrewdness of character. And when such individuals have displayed this confidence through a long series of years, in spite of the repeated protestations, the prophecies of evil, and the affected contempt of the medical press, the feelings it excites have not unfrequently been passionately expressed.

In America it is well known, and generally admitted, that the wealthiest and best informed citizens of such places as New York, Boston, Philadelphia, Chicago, Cleveland, St.

¹ Abridged, by permission of the author, from the May number of the *Review*.

Louis, Pittsburgh, etc., invariably resort to Homœopathy during serious illness. This fact is indisputable, and in proportion as it is so is it unpalatable to those, among the men of medicine, who never weary of displaying their ignorance by decrying this therapeutic method as a "superstition"!

In England, from the day when the late Dr. Quin commenced practice in London until now, many of the most brilliant thinkers our generation has seen have examined the evidence, upon which we believe that Homœopathy presents us with the soundest basis for the selection of remedies, and have, as a consequence, invariably trusted themselves and their families to the care of homœopathic physicians in times of sickness. Among those who might be mentioned the late Archbishop Whately occurs to us as a well-known instance. How in consequence he was sneered at and reviled by the *Dublin Medical Press* and the *Lancet* in years gone by, will be within the memory of some of us.

As it was in the past, so it is now. Not a few of the most eminent of our public men are, from personal inquiry, in the first instance, and personal experience in the second, staunch believers in the truth of Homœopathy. That they are so is well known, and the consciousness that such men have "solemnly expressed their belief by the most tangible tokens" is one of the most difficult points for the allopathic medical journalist to overcome in his efforts to persuade his readers that Homœopathy is "the most baseless superstition that ever found a following."

A writer of "Editorial Notes" in the *Medical Times* of the 12th of April, deplors the fact we have been dwelling upon in the following terms:—

"Mr. Bright has been ill, and is recovering under the innocent ministrations of a homœopath. A few months ago Sir William Siemens was attended in his last moments by a homœopath. A few years ago the unhappy circumstances attending the death of Lord Beaconsfield called general attention to the fact that for years the brilliant statesman had reposed his confidence in a homœopath. His able lieutenant, too, Earl Cairns, the papers tell us, is attended in his illnesses by a member of the same fraternity. Here we have four of the ablest men that this century has produced all giving in their adhesion to Homœopathy—four men, too, of such diverse character that it is difficult to find in them a single point of resemblance except this, that they solemnly express their belief by most tangible tokens in one of the

most baseless superstitions that has ever found a following. It is futile for the regular practitioner to console himself with a sneer, and explain the apparent infatuation of these celebrities on the principle, *Similes similibus curantur*. Homœopathy is a superstition, and its followers are happy in holding tenets without a rag of evidence to support them. But it would be absurd to credit men like the late Lord Beaconsfield and Sir W. Siemens with a similar kink in their brains.

“In the old days it was the habit of orthodox believers to account for schism by assuming innate wickedness in the schismatics, or else to attribute it to the machinations of the Evil One. Modern inquirers, with more reasonableness, prefer to explain it as the result of some imperfection in the orthodox creed or its ministers. So in this matter of Homœopathy, is it not quite as reasonable to suppose that the defection of these four celebrities from medical orthodoxy is due to faults on the part of the orthodox, as that it is to a result of the overwhelming attractions of the homœopathic belief, or of the imbecility of the schismatics? At any rate, we ought not to rest until we have assured ourselves that there is no fault in us. Can we assure ourselves that the trades-unionism, which is so manifest in our ranks, that the sacrifice of patients' interests to an effete etiquette, that disloyalty to our consciences, and lapses into quackery have had nothing to do with that disgust with the orthodox profession which is seen in the rebellion of such minds as those of Lord Beaconsfield, Sir W. Siemens, and John Bright? If we can, well and good; if not, then it is high time that we mended our ways. Let us mend them!”

These passages fill us with wonder as to who and what manner of man can possibly have written them!

“Mr. Bright has been ill and is recovering under the innocent ministrations of a homœopath.” Most people, we imagine, will think that Mr. Bright is to be congratulated, *first*, on the fact of his recovery; and, *secondly*, that he has recovered under ministrations which are “innocent.” How many of the patients of those who are here referred to as “regular practitioners” escape from the effects of illness through “ministrations” which can be termed “innocent”? With the *penchant* which prevails for prescribing “active principles,” for the free use of morphia, of chloral, and

similar drugs, the number of those who are so fortunate cannot be very great.

Mr. Bright, however widely people may and do differ from him on political matters, is universally regarded as one of the best read men in English literature, one of the most thoughtful, the most practical, and one of the keenest intellects of the day. He and his family have uniformly been under the care of homœopathically practising physicians during illness, for, we believe, the last five and thirty years. He is not a likely man to trust his life to a physician "holding tenets" which, he has any reason to believe, are "without a rag of evidence to support them." He is one of the last men to believe anything without having examined the facts regarding it for himself. A hard-headed Lancashire man of business is not prone to pin his faith to a "baseless superstition."

Earl Cairns, a trained and successful lawyer, one whose whole life has been devoted to the sifting of evidence, in adhering to Homœopathy knows perfectly well what he is about. He understands what it means, he is familiar with the evidence adduced in support of it, and personal experience of its value in illness has assured him of its truth. Painfully conscious of all this, the editor of the *Medical Times* finds himself sorely pressed in his desire to offer consolation to that object of his regard—"the regular practitioner." He admits at once that a sneer is worthless, and that a bad pun¹—a miserable "verbicide," as Oliver Wendell Holmes calls it—or an attempt at one, is "futile," and, having dismissed as absurd the crediting of men like the late Lord Beaconsfield and Sir W. Siemens with believing in Homœopathy, he proceeds to explain. That "four of the ablest men that this century has produced" should "have solemnly expressed their belief by most tangible tokens in one of the most baseless superstitions that ever found a following," is "the result of some imperfection in the orthodox creed or its ministers."

Rather cold comfort this for the Jenners and Clarks, the

¹ So obscure and laboured is this effort at humour that some persons have been unable to discover any! They have gone so far as to write to the Editor and ask him to explain it! (*Medical Times*, April 19, p. 529.) He does so as follows:—" *Similes similibus curantur* is a medical rendering of the well-known proverb 'Birds of a feather,' etc.; 'Like doctor like patient;' 'Fools go to fools to be cured,' etc. The fools brought forward to illustrate the appositeness of this proverbial philosophy being, on his own showing, "four of the ablest men this century has produced."

Gulls and the Quains of our time! These are the men who are looked up to as the "ministers" of that which, on, we presume, the *lucus a non lucendo* principle¹ (for verily there is none other) is termed the "orthodox creed." Are they "imperfect"? Is their practice so far behind their preaching as to have provoked "the disgust with the orthodox profession which is seen in the rebellion of such minds as those of Lord Beaconsfield, Sir W. Siemens, and John Bright"?

"Can we assure ourselves," writes this editorial administrator of consolation, "can we assure ourselves that the trades-unionism, which is too manifest in our ranks, that the sacrifice of patients' interests to an effete etiquette, that disloyalty to our consciences and lapses into quackery have had nothing to do with that disgust with the orthodox profession which is seen in the rebellion of such minds as those of Lord Beaconsfield, Sir W. Siemens, and John Bright? If we can, well and good; if not, then it is high time that we mended our ways. Let us mend them!" The physicians professing what is here termed the "orthodox creed," whatever that may mean, who are ordinarily consulted by gentlemen moving in the circle of society which numbers among its members persons of distinction like the late Lord Beaconsfield and Sir W. Siemens, like Lord Cairns and Mr. Bright, are not usually supposed, at any rate by the editors of medical papers, to be suspected of "trades-unionism," of the "sacrifice of patients' interests to an effete etiquette," of "disloyalty to their consciences," or of "lapses into quackery"! If they are not chargeable with all this, what possible connection can suggesting that the great body of the profession may be so have to do with Lord Cairns and Mr. Bright sending for homeopathically practising physicians when they are ill?

Of all the many ridiculous reasons we have from time to

¹ Professor W. T. Gairdner, when opening the medical session at the University of Glasgow a few years ago, said: "The day of orthodoxies is over, the day of real science is only just dawning. It is no longer possible to condemn a man, even by implication, for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future, and to lay the foundations of the faith of our successors. . . . We have well-ascertained and assured beliefs, founded upon exact researches, chiefly of the last century, and practically undisputed. But though true and assured beliefs, these things are not *orthodoxies*, because no one has a title to say to any one else, I insist that you believe so and so, or I will disown you as a professional brother."

time seen put forth to explain the fact of people of the highest intelligence consulting homœopathic practitioners, we never remember seeing one more utterly absurd or inconsequential than this!

It would seem, however, that if this is not the real cause, "then it is high time that we mended our ways." About the propriety of the "ministers" of the "orthodox creed" mending their ways, there cannot, we think, be two opinions.

How are they to "mend their ways"? Here is an interesting and suggestive inquiry, on which we will venture to give our friends a few hints.

In the *first* place, they must mend their ways by increasing their knowledge. It is simply impossible that any one who had any, even the most limited acquaintance with Homœopathy, could, without a reckless disregard of all moral obligations, have declared it to be "a superstition, and its followers happy in holding tenets without a rag of evidence to support them." The present editor of the *Medical Times* is, we have understood, a new man, who has only recently been appointed to his office, and it may be that he has not yet had time "to post" himself in the details of the various controversies of the day with which he is called upon to deal. But for this, we confess that it would be with the greatest difficulty that we could bring ourselves to believe that he was not wilfully circulating that which he knew to be untrue. We advise him to procure from our publishers a little book entitled "Homœopathy; its Principle, Method, and Future." We name this as being the most recent exposition of Homœopathy with which we are acquainted. Let him read it, think it over, and endeavour to prove that its facts are unreliable and its conclusions erroneous. Failing to do this, he should obtain Hughes's "Pharmacodynamics," and put into practice at the bedside the suggestions, derived from Homœopathy, which it sets forth. After a really honest study of these two books, and an equally honest clinical investigation of the facts alleged in them, he will be in a position to express an opinion upon a subject regarding which he is now obviously ignorant.

We commend to the thoughtful attention of the editor of the *Medical Times* the following extract from the *Philanthropist* for last November:—

"The public mind having been long disturbed by the contentions in the medical profession, and the injustice arising

from the determination of the prevailing school of medicine to allow neither fair play nor quarter to the other, has come to the conclusion that the pretensions of the homœopaths, backed as they are by statistics, by a growing development of their system in Europe, and its general ascendancy among the acute and practical people of the American Continents, ought no longer to be burked, especially as the system has survived the time when impostures die out and disappear."

This is the kind of feeling with which the opponent of Homœopathy has to deal, and to do so with any measure of success he must know something about the subject.

Secondly. Our medical brethren must mend their ways by looking facts fairly in the face. There is, as we have shown, and as the editor of the *Medical Times* has admitted, no disputing the fact that men of the highest intelligence, in all parts of the world, prefer to seek relief from suffering by consulting known homœopathic physicians rather than put themselves under the care of others, even though they be men of the highest standing at the Royal College of Physicians. Is it reasonable to suppose that they would do so on any other ground than that they have been convinced by the strongest evidence that the former are more likely to do them good than the latter? There is no object to be gained by them in resorting to Homœopathy, except that of personal advantage. Health is too precious a possession to be trifled with. None are more fully aware that it is so than the class of persons we have named. It is the shortest, safest, and pleasantest road to health that they are seeking for when they go to a homœopathist for assistance. Their reading, observation, and experience have alike shown them that the so-called "orthodox creed" offers at the best a very round-about and somewhat hazardous route to the goal they are endeavouring to reach, and they avoid the "ministers" of this creed accordingly. But worse still, they have done this persistently during a long series of years! Is their having done so consistent with the assumption that Homœopathy is "a baseless superstition"? Is there any parallel case in history, any illustration of a large number of men of high intellectual power, of men distinguished by the possession of a large share of that invaluable commodity, common sense, tenaciously adhering, during a long lifetime, to the use of measures for the relief of sickness which have been dictated by "tenets without a rag of evidence to support them"? We all know that there is not.

Thirdly. The "ministers" of the "orthodox creed" may, with every advantage to themselves, to their reputation as men of honour, and to their influence with the public, mend their ways by desisting from plagiarism. It has long been known to many, and is now more widely known than ever, that not a few of the uses of drugs met with in the ordinary practice of the day have been filched from Homœopathy. This has been the source of more than one reputation or notoriety. Homœopathy, such people will tell one, is a "baseless superstition;" but, nevertheless, they go to books like Hughes's "Pharmacodynamics," and seeing there that such and such a medicine has been shown, *through Homœopathy*, to be frequently useful in such and such a form of disease, they forthwith put the observation to the test, and finding it corroborated by their experience, they speedily publish the fact as an original observation! As a something discovered by themselves! Homœopathy is never alluded to, indeed they profess to abhor it as much as does Sir William Jenner.

Is this honourable? Unhappily, it is quite consistent with the code of medical ethics of the British Medical Association. But it has its Nemesis, like all other wrong-doing. Lord Lytton has truly said, that the homœopathic has so largely leavened the allopathic practice, that the public have a shrewd suspicion that they are treated homœopathically in a surreptitious way. If our medical brethren propose to set about mending their ways, we suggest to them that they pay especial attention to the rehabilitation of their sense of honour, the decay of which would seem, from plagiarism of this kind, and the making out of it of reputations for being original observers, to be going on somewhat rapidly.

There is no doubt but that the trades-unionism which is pre-eminently characteristic of the British Medical Association is exceedingly offensive to persons whose sense of justice is unimpaired. It is quite true that the "effete etiquette" which will not allow a hospital physician, or surgeon or obstetrician to meet a physician practising Homœopathy in consultation, and to assist him in his endeavours to save life, is "a sacrifice of patients' interests" which has produced a feeling of disgust in the minds of all humane and properly educated persons. And it is quite certain that the "lapses into quackery" which Dr. Russell Reynolds denounced so forcibly a year or two ago, and to which Dr. Clifford Allbutt drew attention at the College of Physicians a few weeks

since, have shaken public confidence in the medical profession. Doubtless, too, these circumstances have drawn a certain amount of attention to Homœopathy, have made intelligent people ask themselves what it means, have induced them to think about it, and led them to inquire into its results. But they are quite inadequate to have inspired them with that confidence in it during a time of sickness which is necessary to impel them to call in a homœopathic physician year after year whenever they are ill.

In these directions our friends may well mend their ways. Let medical men who acknowledge the truth of Homœopathy be freely admitted to all medical societies; let the doctrine of Homœopathy be fully discussed at their meetings; let the clinical results of applied Homœopathy be thoroughly investigated; let all artificial barriers which now separate those physicians who practise Homœopathy from those who know nothing about it be withdrawn; let the public understand that the "ministers" of the "orthodox creed" are not afraid of the effect of the "overwhelming attractions of the homœopathic belief," that they really do care more for the interests of their patients than for the maintenance of a foregone conclusion, and the medical profession will stand far higher in popular esteem than it does now or ever has done.

These devices may have prevented many medical men from studying Homœopathy, and may have so far tended to keep them in ignorance of much that would have increased their powers of usefulness, but they have not been uniformly successful. They have given rise to a class of practitioners, a class daily growing numerically stronger, who do study Homœopathy, do practise homœopathically, but who nevertheless dare not say so, and in not a few instances deny that they do so altogether. They have the shelves of their surgeries filled with bottles containing variously coloured fluids and solids, but it is not from these that the phials filled with medicines sent out by them are supplied! It is from the "case" in the private room that the "mixtures" are made up; it is from the burnt sugar or the liquorice water that they derive that colour which is to lead patients and professional brethren to suppose that the dispensers of them are "ministers" of the "orthodox creed"!

So that the restrictions made against the practice of Homœopathy, in order to discredit an avowed homœopath with the public and to render his life uncomfortable, have

resulted, on the one hand, in committing the interests of this important therapeutic truth to men of independent thought, men of high moral courage and determination of character ; and, on the other, in more or less demoralising a rapidly increasing number of medical men, who, in deference to what they conceive to be their personal interests, either deny the truth of Homœopathy altogether, or studiously abstain from any reference to it, and never acknowledge the source of their therapeutic knowledge, though all the time their anxiety for the welfare of their patients, and the real desire they have to do all in their power to promote their recovery, compel them to treat them homœopathically.

Such mending of ways, as we have now described, would greatly tend to restore the public confidence in the profession which, it is clearly felt by the editor of the *Medical Times*, has been in some measure lost. We are fully assured that the influence which would result from an increased knowledge of Homœopathy by medical men, from a careful examination by them of all facts bearing upon it, from an honourable admission of the homœopathic origin of many of the more recent applications of drugs, from a free intercourse, both socially and professionally, between those who practise homœopathically and those who do not, and from a candid avowal of the truth of Homœopathy by all who feel it, would lead to a general recognition of its value, not only by some of "the ablest men that this century has produced" outside the ranks of the medical profession, but also by most of the men of eminence within its pale.

QUININE AS A CAUSE OF INSANITY.

THE father of a Washington lawyer, guilty of escapades, has recently given the following explanation of the erratic victim: "Thinking it a safe thing to do, my son has been in the habit for months of carrying Quinine in his pocket and taking it in small but frequent doses, and the result is an elevated, sanguine state of mind, quite beyond the bounds of reason. His memory is not yet impaired, and the marked improvement already consequent upon being deprived of the drug, gives his friends reason to expect complete restoration in a short time." Two cases in which insanity always followed upon the use of Quinine are reported in the *Journal of Mental and Nervous Diseases*, July, 1881.

PODOPHYLLIN IN DISLODGING NEPHRITIC
CALCULI.

By GEORGE LADE, M.D.

WHEN I perused the first edition of Dr. Hale's "New Remedies," a good many years ago, I became much interested in the action some of them were reported to exert upon the animal economy, and I immediately set about making investigations with a view to satisfy myself as to the truth and value of the facts recorded in the book.

One of the remedies which interested me more than any of the others was *Podophyllin*, regarding which we were informed that it possessed a very remarkable influence upon the gall-bladder. Administered in crude doses it was said to be capable of dislodging its concretions, and a brief report of a case was presented that seemed to give credence to the accuracy of that statement.

My investigations were carried on for some years, and they fully satisfied me that this resin, not only in its crude state, but in the second decimal dilution of the tincture, manifested an action upon the gall-bladder which tended to confirm all that Dr. Hale claimed for the remedy. They informed me further that this peculiar influence which the drug had upon the gall-bladder was not confined to that *viscus*, but that the influence extended to the kidneys, especially to the left one, and that when administered in suitable doses it gave no rest to any nephritic calculi that might be lurking in these organs. Since I first became aware of this fact I have had many opportunities of testing the value of the remedy in promoting the removal of these painful concretions, not only amongst my patients, but, unfortunately, on several occasions upon my own person.

The doses which I generally employed have varied from five to fifteen drops of the dilution already mentioned in a wine-glass of water three times a day. In a few instances I have found it desirable to administer as many as twenty-five drops twice a day. The remedy was rarely required to be continued longer than three days, and in some cases one day was sufficient to dislodge the calculus.

Of course the administration of *Podophyllin* in such doses and in such cases cannot be claimed to be in accordance with the principles of Homœopathy, just as the expulsion of a poison from the stomach by the action of an emetic cannot be so claimed, but the treatment has the merit of being most

prompt and effective in all suitable cases, and must commend itself to the minds of every medical man who professes to be a physician as well as a homœopathist, and to everybody who has the misfortune to suffer from nephritic calculi.

With regard to the homœopathic palliatives which have been recommended for the pain attendant upon the passage of the stone along the ureter, I may state that one and all of them, "high" and "low," have been found sadly wanting, and that I consider the physician who is not prepared to give an anodyne when the severity of the patient's sufferings demand it, is unfit to fulfil the sacred duties of his profession. In many cases hot fomentations alone, applied simultaneously to the loins and genitals, will afford most marked relief, but in other cases these hydro-therapeutic measures must be supplemented by powerful anodynes, of which the best, in my opinion, are nepenthe and chloroform.

Glasgow, May, 1884.

CATHOLICISM V. CATHOLICON.

By WILLIAM HITCHMAN, M.D.

PHYSIOLOGICALLY, we have a saccharine substance formed from the blood by the action of the liver; so sweet, or sugar-like, indeed, as to have derived its name, Glucose, from the Greek synonym, *γλυκός* ($C_6H_{12}O_6$); hence come, etymologically, crystalline substances from which sugar can be obtained, known in "Therapeutical Changes," according to him of the *Lancet* (vol. i., p. 814, 1884), as Glucosides, comprising Arbutine, Adonidine, Codeine, Digitaline, and the rest. The same *Catholicism v. Catholicism* informs its readers that owing to "the shifting of the scenes of action in therapeutics," their consumption in some cases is so large that "orders have to be executed in the order (*sic*) in which they are received"! In fact, Southern Russia, or elsewhere, has to be ransacked for a further supply of herbs. Not only is it "prodigious to have thunder in a clear sky," as Sir Thomas Browne tells us, but one might even venture to quote Milton, a determined republican, writing against monarchical government with energy and manliness as "the very *trappings* of which, he said, would *support* a commonwealth;" and say of Glucosides, in and out of the *Lancet*,

as belonging to Catholicism *v.* Catholicon in physic, respectively,

“Much I have heard
Of thy prodigious might, and feats performed.”

Exactly so! And surely all orders of men medical, in actual work at the bedside of the sick or wounded, are something considerably less than catholic physicians or catholic surgeons, if their criticism of clinical life, or the great abounding fountains of therapeutics, is *not* passed in favour of the permanently acceptable, rather than the transitorily acceptable. In what other way can our profession, moving from mere trade, exercise justice to mankind, as scientific personages, having an immortal function to perform, or one that should inspire lasting interest, and command the respect of genius and talent everywhere, not to mention the homage of the multitude, as an acknowledged source of illumination and joy, psychically and physically?

Criticism of *clinical* life, as of other phases of human existence, must always depend upon its inherent truth, beauty, and goodness, suiting itself, evermore, by its subject-matter, ideas, mode of treatment, to the taste and culture of the most competent judges of each generation. Of course it goes hard with once popular reputations, or self-constituted authorities yet deemed oracular, in the present snave of Catholicism *v.* Catholicon, to be trampled down or snatched up, and placed for shelter in the Fortress of Therapeutics, where the oncoming array of sharpshooters, quick-witted, audacious light troops, or peradventure the heavy elephantine body, shall neither overwhelm them by the “resources of civilisation,” nor confidently assail them, or riddle their main bulk with the bullets of Mars or Minerva, full-armed, as the goddess of wisdom and the liberal arts *ever* springs from the head of a supreme God, whether it be the Roman Jupiter, the Grecian Zeus, the son of Apollo, or other fulminator. CATHOLICITY IS FATAL TO CATHOLICON. Wherefore these prolegomena, is it said, in the *Homeopathic World*, at whose birth and baptism I was present,¹ but whose death I desire not to witness or chronicle? Simply for *this* reason! Hahnemann and Homeopathy have been known to me, less or more, from 1834 to 1884, and well do I remember, *inter alia*, this question pertaining to Catholicity *v.* Catholicon, or liberality of sentiment *versus* exclusive

¹ I named it.—W. H.

bigoted panacea. "How does Jupiter, shining brightly in the morning dawn, vanish from the optic nerve of the beholder?" "BY A STRONGER POTENCY!" (*Organon of the Art of Healing*, University Library, Erlangen, 1834. Appended Notes, 12, etc.) "Difference of susceptibility, as to dose, is *not* to be predetermined," says the Master, again and again, philosophically. Here, then, is an intelligent outpost for him who has an organ for truth, or criticism, in a warfare, let me hope, by the select of the army. Is it really seen as a station without the camp? Alas! No. It is *not* seen now for the most part, and for the very reasons I gave in the *Lancet* of November 21, 1857, detailing my treatment of cholera by *Arsenicum* 1 trit. in 1849 and previously. Glucosides or alkaloids, let the *Lancet* know, have long been used, homœopathically, in Berlin and Erlangen, where Homœopathy is often in the ascendant, or, at all events, an acknowledgment in practice of the theory of Hahnemann, that diseases are cured, or relieved, by medicines which produce on the healthy effects physiological *resembling* symptoms pathological; or the special complaint under which the patient suffers, bodily and mentally. Arbutine, or barosmine, which is one of the glucosides selected for comment in the *Lancet*, May 3, 1884, and which is obtained from the leaves of *arbutus uva ursi*, was prescribed with advantage in the Polyclinic of the University of Erlangen many years since, within my own personal observation. Indeed, it acted "like a charm," as the phrase is, in some diseases of the kidneys and bladder, especially those intractable urinary affections giving rise to excessive *mucous* discharges, and which, in point of fact, *uva ursi* leaves produce on organisations previously healthy. Necessarily, ONE WATCHES THE NATURE AND CHARACTER OF ALL SYMPTOMS, and in particular the qualities of individual secretions of mucous surfaces, and emphatically whether the urine contains much mucus, etc. Burggraefe-Chauteaud granules, as well as Keith's Concentrated Organic Medicines, and the regular, legitimate, orthodox, *secundum artem* glucosides of the *Lancet*, arrest morbid action, heretically, when given on homœopathic principles. Let him or her (I honour lady M.D.s) who may question the fact, TRY THEM; yes, test them obediently to the provings of Hahnemann's "*Materia Medica Pura*," in pyelitis, hæmaturia, tubular disease, where albuminous urine either persists or reappears from time to time. Lardaceous kidney, again, involving obscure lumbar

pains, tendency to dropsy, œdema of the face, anasarca, or what not—in a word, “*totality!*” Since 1853 I have prescribed glucosides, or alkaloids, when homœopathic dilutions proper have occasionally failed, and equally perhaps *vice versa*, or the terms being exchanged. WHY SHOULD WE NOT HELP THE SICK IN ANY WAY OR ALL WAYS? Why, also, should not Dosimetry, Homœopathy, Hydropathy, and Mesmerism, become integral portions of one grand and gorgeous structure, the Temple of Medicine? Desiring to be brief only, I end as I began, with Catholicism *v.* Catholicon, and adopting Hahnemann’s metaphor, I say from my soul (or whatever does duty for a soul), Sol *does* eclipse Jupiter all the year round. What is the moral? Let every surgeon or physician be always just enough, and he will always have liberty enough. Each lover of wisdom and goodness, by an engagement that is absolutely indissoluble, must yoke himself, or *herself*, to a religion of Discipline and Duty that is neither an exclusive spiritual philosophy nor a bigoted secular morality. Such a religion, however, contains the wealth and splendour of truth and holiness, and may yet work prodigies for man’s health and happiness. Sects and sectarians *must* yield to the exigencies of suffering humanity, regardless alike of trade-unions and other one-sided cliques, large or small, numerically, not only in Great Britain and Ireland, but throughout the world.

O for the coming of *this* therapeutical change!

WILLIAM HITCHMAN, M.D. Univ. Erlangen
(*Almæ Matris Hahnemanni*).

OUR MODE OF LIFE, NOT THE WEATHER.

A WRITER in the *Standard* newspaper lately made some very cogent remarks about the supposedly woeful changes in the weather. He says:—

“A theory is abroad that the weather of these islands has experienced a woeful change, that the heat of the sun has sensibly diminished, that April is not what April formerly was, and that May is a travesty of March. The assertion reminds us forcibly of Thackeray’s saturnine observation that toffee is not as good as it used to be. It is we who have deteriorated, not the spring; it is men and

women who are growing colder, not the year. A generation that frousts over the fire, that is flannelled up to the chin and swathed down to the ankles, that shuts out from its houses every breath of fresh air, that builds itself double windows and double doors, and loses no chance and no occasion of comforting and coddling its sybaritic body, is not likely to go out on an average spring day and not complain of a chill. Our ancestors lived differently, and fared differently, and the consequence was they found winter very tolerable, and spring most delightful. Their houses were not air-proof, or, for the matter of that, rain-proof. They let in plenty of cold; and fires in bedrooms were allowed only in the depth of winter to old women and the moribund. They did not complain of frost and snow, but took these as a matter of course, and braced themselves against the winds of March by burly habits and an uncomplaining spirit. When, therefore, the wintry winds relented, and the wild flowers burst upon the world, they owned the magic of the change, and revelled in a rise of the thermometer which their degenerate descendants hardly notice. The breach between nature and man is yearly widened by man's own fault. With his detestable inventions for making himself independent of the elements, he finds when he is forced to confront them that they are too much for him. For nature is a true conservative, and refuses to follow man in its progressive journey towards an ever deepening discontent. We may change; but the seasons do not. There is occasionally, as this year, a slight variation of the natural order; but it is for the year only. Next year, like last year, we may possibly have a perfectly lovely spring, and the usual amount of grumbling that it is not an equinoctial summer.

CHLORAL FOR SLEEPLESSNESS.

AGAIN we have to record with deep regret a sad proof that those who give or take chloral or bromide of potassium for sleeplessness are guilty of a deplorable error, and do a grievous wrong. The narcotics which poison sleep also deprave the higher nervous centres, enfeeble the controlling power of the will, and leave the mind a prey to the depressing influence of a conscious loss of self-respect and self-confidence. The cultured mind feels the ignominy of this intellectual and moral depreciation with great acuteness, and in the end

succumbs to the sense of powerlessness to recover self-control and do right. The depravation wrought is purely physical. The baneful influence of the lethal drug is, so to say, organic. The essential elements of the nerve tissue are blighted by the stupefying poison, as by alcohol in habitual drunkenness. In short, the recourse to chloral and bromide is precisely the same thing as a recourse to alcohol. The man or woman who is sent to "sleep"—the mocking semblance of physiological rest—by a dose of either of these narcotisers is simply intoxicated. No wonder habitual drunkenness of this class first impairs and then destroys the vitality of the mind organ, and places the subject of a miserable artifice at the mercy of his emotional nature, and makes him the creature of his passions. When, adds the *Lancet*, will the public awake to the recognition of facts with regard to the use of these most pernicious stupefacients? Persistence in recourse to them has no better excuse than unwillingness to take the trouble to search out the cause of the "wakefulness" which prevents natural sleep.—*Globe*.

CASE OF FATAL POISONING BY YEW.

At a meeting of the Cambridge Medical Society held on Friday, March 7th, 1884, James Carter, F.R.C.S., president, in the chair, Mr. Balding (Royston) related this case. A servant girl, aged 24, in good health, complained one day to her mistress of headache, but did her work as usual. Her mistress saw her in the evening at eight o'clock. The next morning the mistress went to her servant's bedroom and found her dead in bed. She was lying on her face, and was quite cold. The medical man who was sent for found her quite cold; the face and chest were livid; the pupils were of medium size. There were no marks of violence, and no signs of vomited matter. From external evidence, he considered that the deceased was pregnant, and had been dead about two or three hours. The medical evidence given at the inquest was that all the organs were healthy except the stomach, the mucous membrane of which was inflamed. It contained some brownish fluid and four or five pieces of green leaf, which had apparently been cut up. The uterus contained a five months' foetus. All the other organs were healthy. The mistress and the gardener both mentioned that the deceased had asked them if yew were poisonous,

and the latter noticed that some sprigs of yew had been recently broken off a yew-tree in the garden near the house. Mr. Balding alluded to other cases recorded of yew-poisoning in which the symptoms related to the cerebro-spinal system and gastric irritation. He felt convinced that the deceased had died of yew-poisoning, although apparently death had taken place in less than nine hours. It was a well-known fact that horses and cattle sometimes died from eating yew, but children frequently ate the berries with impunity. It was not clear in which part of the tree the poisonous principle resided; but it was certainly, under some conditions, a very active one. Mr. Balding thought it very probable that the yew was used more often for procuring abortion than was commonly supposed.

WHAT IS THE GERM-THEORY OF DISEASE?

SCOURGES of the human race and diseases are attributed by savages to the influence of evil spirits. Extremes often meet. What human intelligence suspected in its first dawn has been verified by human intelligence in its highest development. Again, we have come to the belief of evil spirits in disease, but these destroyers have now assumed a tangible shape. Instead of the mere passive, unwitting efforts with which we have hitherto resisted them, we now begin to fight them in their own domain with all the resources of our intellect. For they are no longer invisible creatures of our own imagination, but with that omnipotent instrument, the microscope, we can see and identify them as living beings, of dimensions on the present verge of visibility. The study of these minute foes constitutes the germ-theory.

This germ-theory of disease is rising to such importance in medical discussions that it cannot be ignored by that part of the laity who aspire to a fair general information. For it has substituted a tangible reality for idle speculation and superstition so current formerly in the branch of medical science treating of the causes of disease. Formerly—that is, within a period scarcely over now—the first cause invoked to explain the origin of many diseases was the vague and much-abused bugbear “cold.” When that failed, obscure chemical changes, of which no one knew anything definitely, or “impurities of the blood,” a term of similar accuracy and convenience, were accused, while with regard to contagious

diseases medical ignorance concealed itself by the invocation of a "genus epidemicus." The germ-theory, as far as it is applicable, does away with all these obscurities. It points out the way to investigate the causes of disease with the same spirit of inquiry with which we investigate all other occurrences in nature. In the light of the germ-theory, disease is a *struggle for existence between the parts of the organism and some parasite invading it.* From this point of view, diseases become part of the Darwinian programme of nature. —*Popular Science Monthly.*

BRIEF CLINICAL NOTES, WITH REMARKS.

By DR. HARMAR SMITH.

(Continued from p. 224.)

Remarks, etc., on Case 9.—I now proceed to give the comparative measurements of the right, or dropsical leg, at different dates. The temporarily increased swelling of the instep on March 6th was, as noted above, in consequence of my patient having just begun to sit up at that date.

The measurements on December 15th were made for another object, before there were any symptoms of oedematous infiltration of the connective tissue of this leg, and may therefore be supposed to represent its normal condition. February 16th was the date on which the *Apis* was first exhibited.

MEASUREMENT OF THE RIGHT LEG.

	Dec. 15 ¹	Feb. 16 ²	Feb. 20	Feb. 27	Mar. 4	Mar. 6 ³	Mar. 14	Mar. 21	April 1	April 15
<i>Circumference</i>	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
Below the knee	11	13 $\frac{3}{8}$	13 $\frac{1}{4}$	12 $\frac{7}{8}$	12	11 $\frac{7}{8}$	11 $\frac{1}{4}$	11 $\frac{1}{8}$	11	11
Of the calf ..	10 $\frac{1}{2}$	14	14	13 $\frac{1}{4}$	13	12 $\frac{1}{2}$	11 $\frac{1}{2}$	11	11	11
Of the ankle	6 $\frac{7}{8}$	8 $\frac{1}{4}$	8 $\frac{1}{4}$	7 $\frac{7}{8}$	7 $\frac{3}{4}$	7 $\frac{3}{4}$	7 $\frac{1}{2}$	7 $\frac{1}{8}$	7	7
Of the instep	...	9 $\frac{1}{4}$	8 $\frac{3}{8}$	8 $\frac{1}{4}$	8	8 $\frac{3}{4}$	8	7 $\frac{3}{4}$	7 $\frac{1}{2}$	7 $\frac{1}{2}$

¹ Before the oedema commenced.

² The date on which the *apis* was first taken.

³ On this date the patient began to sit up.

A comparison of the above measurements points to a gradual yet continuous absorption of the effused serum from the time that the *Apis* was given, the reduction of the swelling being the greatest where the tissue is the least compact—in the calf the entire reduction of the circumference being three inches. I did not always make the measurements myself, my patient's educated and intelligent niece being a most efficient coadjutor both in this and everything connected with the case.

The eruption generally observed by the provers of *Apis Mellifica* has been of the character of nettle-rash,¹ which was the prevailing feature in that of my patient, as named in my report of February 12th.

The dropsy produced by the poison is inflammatory, and the cases of cure are inflammatory, and attributable to a chill (*vide* Metcalf and Hughes), as in my own case. In fact, except in cases where death from a bee-sting has been so rapid as not to allow time for inflammation to take place, all the symptoms of *Apis* point to inflammatory engorgement of the tissues.

The close relation thus shown between medicine and disease, both as to the character of the dropsy and of the eruption, will no doubt account for the immediately curative action of this valuable remedy. The character also of the medicinal aggravation which took place at first points to the same conclusion—"burning and stinging pains" being leading symptoms amongst those produced by a bee-sting.

South View House, Ramsgate,
May 16th, 1884.

DEATH OF AN INFANT FROM PATENT MEDICINE.

DR. GEORGE DANFORD THOMAS held an inquest recently at the University College Hospital, relative to the death of Louisa Hilda, aged twelve months, daughter of a hawker, of 13, Draper's Place, Burton Crescent. Evidence having been given as to the administering of patent medicine to the infant, the Coroner said there was no doubt whatever that patent medicines were very injurious to children, and should only be given to them under medical advice, for it was well

¹ *Vide* Metcalf's "Homœopathic Proving," page 191.

known that they contained an amount of morphia which would, especially in the case of a child such as the deceased, do more harm than good. The poor saw these patent medicines widely advertised to cure all diseases, but it was to be hoped that before long the law would be altered so that persons would have to make known the contents of each patent medicine before selling it. The jury, in returning a verdict in accordance with the medical evidence, expressed their disapproval of patent medicines being given to children without medical advice.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

Order 2. BERBERIDACEÆ.

Berberis vulgaris (Common Barberry, Pepperidge-bush; found in hedges and thickets).—This very handsome shrub, with its pendulous racemes of golden-yellow flowers (not forgetting its sharp thorns), is an object worthy of any garden or lawn on account of its showy appearance both in its flowering state and when the yellow flowers are changed into bunches of scarlet berries, which are edible and often made into preserve. They are acid and astringent. The bark is used by dyers on account of its astringent properties and as an ingredient in a yellow dye. The common barberry has been used empirically with considerable success as a remedy in various disturbances of the liver, as a cooling drink in fever, in diarrhoea, in many kinds of disorder of the skin, for ague, bleeding piles, and as a tonic and astringent. It increases the appetite. It was also used as a remedy against the itch. The ashes of the burnt wood mixed with water, and the lye used as a wash for the hair, are said to turn it yellow.

Jahr's Homœopathic Materia Medica gives a good proving of this drug. Amongst other things it *produces* on the healthy body all the symptoms mentioned above, namely: Bilioussness, nausea and inclination to vomit, languor, various pains in the region of the liver and gall-bladder with pressure, increased by external pressure, watery evacuations, flatulence, with burning, soreness, painful pressing, hæmorrhoidal tumours, burning and itching, increased appetite almost to canine hunger, chills over the whole body with

subsequent heat and increased thirst, heat of the hands and head, feeling of heat of the whole body, profuse night sweats, sweats on the least exertion, lymphatic swellings,¹ general languor and debility, feeling as if bruised, weakness almost to fainting when walking, pains excited or increased by movement. In the skin it produces burning itching, pricking as of mosquitos on the forehead, temples, cheeks, lips, chin, scalp, and legs, obliging one to scratch, after which it disappears for a few minutes or else reappears at a different place, leaving red spots after the rubbing; itching of the backs of the hands and fingers. The pains of *Berberis* more especially affect the left side.

Berberis Aquifolium (Shining leaf, Evergreen).—This, although not an English plant, is common to our gardens and parks, and has lately been used in medicine. There is, I believe, no proving. Its properties are similar to the foregoing. It has been found especially efficacious in some forms of psoriasis, involving one half of the face and nearly one half of the body, down the sides and hips, also in scaly eruptions, like fish scales, on arms and legs, and in cases of general weakness and loss of appetite, despondency, etc.

Order 3. NYMPHÆACEÆ.

Nymphaea alba (The White Water-lily).—Found in all parts of England in rivers, lakes, and clear-water ditches. It was formerly used as demulcent and anodyne. There is no proving.

Nuphar lutea (The yellow Water-lily; Brandy-bottle).—Common in lakes and ditches in England. There is a smaller kind (*N. pumila*) found in Salop and the Highland lakes. In some parts of Sweden the roots were, in times of scarcity, used as food, and are not unwholesome. This beautiful plant must be seen in all its glory to be appreciated. It is a lovely sight to see hundreds of its large golden flowers dotted over the leaf-covered surface of a quiet pond. Quite a harvest is often reaped by sending the flowers to the London market (this also applies to the White Water-lily). There is some proving of the plant mentioned in the *North American*

¹ A case came under my notice of lymphatic swelling as large as a hen's egg in the left side of chest of a lady which had been pronounced by a surgeon to be encysted tumour, and operation recommended. *Berberis* removed it in a week in the 200th potency, and produced when taken one of its well-known symptoms, most profound prostration. The patient was helpless the whole of the day. At the end of fourteen days this symptom was again produced with a single dose.

Journal of Homœopathy, vol. iii., p. 250 ; also in the *British Journal*, vol. xvi., p. 329. It is said to have cured some forms of leprous eruption.

Order 4. PAPAVERACEÆ.

Papaver dubium (one of the common red Poppies).—There is no proving of this plant ; it has, however, been used in medicine in Germany.

Papaver somniferum (Sleep-bearing Poppy, White Poppy, Opium Poppy).—This is the plant from which opium is obtained. It is rarely wild in this country and is not considered to be indigenous, although it grows here perfectly, and at one time was cultivated to some extent, and the opium obtained from it was said to be equal if not superior to that obtained from Asia Minor, and as much as sixteen pounds of opium per acre being obtained ; but the great reduction in price of foreign opium was fatal to it in a commercial point of view. The mode of collecting the opium is by wounding the seed-vessel or poppy-head externally while yet green but of full size, which is done in the evening. The milky juice which flows freely from the incisions and dries and hardens in the air into a pale-brown tough adhesive substance, is collected in the morning by women and children, and forms opium (and from opium we obtain morphia, codeia, para-morphia, narcotin, narcein, and meconin), a drug that has probably done as much harm as good. The pernicious practice of taking or smoking opium has become the besetting sin of Turks, Chinese, and others. In countries where the prevailing religion forbids the use of alcohol, as in Turkey, it is in constant use as an indulgence, which if once commenced is rarely abandoned. The Turks call it *afium*, and in the opium shops of Constantinople they take it in graduated doses from 10 to 50 or 100 grains a day. To make it palatable it is mixed with syrups or fruit juice ; it is also made up in lozenges stamped with the words *Mash Allah*, meaning *Work of God*. It is also smoked. The Tartar couriers travel great distances with astonishing rapidity, and take little else to support them on their journeys. Its effects are to impair the digestive organs and undermine the vigour of the whole body ; it affects the mental energies, the memory fails, the victim becomes prematurely old and endures frightful sufferings after the effect of the dose subsides. As a drug, opium is certainly of great value. In the old school it is mostly used as a sedative,

or to produce sleep—not natural, but heavy unrefreshing sleep, from which the patient generally awakes unrelieved or worse than before, as it produces the most profound desire to sleep, but with total inability to do so. In Homoeopathy this is an indication for its use (provided it has not been produced by taking opium or any of its alkaloids), and it will generally instantly relieve and cause *refreshing natural sleep*, in the most infinitesimal dose. In allopathy it is constantly used to produce a constipated state of the bowels in diarrhoea, and also in surgical operations. Constipation of the most obstinate nature, with headache, dizziness as if intoxicated, or with great heaviness of the head, drowsiness, and bewildered feeling, is often entirely cured with a few small doses of opium. It also causes in healthy persons congestion of the brain, heaviness of the head, *great desire to sleep*, lethargy with snoring (one would almost think that the poppy flower, which always droops while in the bud, was an emblem of sleep, or the finger of Nature indicating its virtues or sphere of action), eyes half closed, convulsed, lids hanging as if paralysed. In natural congestion and inflammation of the brain, with great lethargy and eyes partly open (a common feature of this disease), with constipated bowels, etc., the effect of small doses of opium is really magical, its quickness of action must be seen to be believed. Unfortunately, the abuse of one of God's greatest blessings to man is in the case of opium often one of the greatest evils.

A CASE OF ANEURISM OF THE ABDOMINAL AORTA TREATED BY BARYTA CARBONICA AT THE LONDON HOMOEOPATHIC HOSPITAL.¹

Under the care of Dr. TORRY ANDERSON.

THE following case, which I select from among my out-patients, shows, I think, that some benefit is to be derived from the use of *Baryta Carbonica* in the treatment of aneurism.

J. O., æt. thirty-two, a bricklayer in the east of London, consulted me at the hospital on June 13th, 1882. His parents were living and in good health, and there was no history of syphilis.

With the exception of an attack of typhoid about ten

¹ From the "Annals of the Hospital," p. 256.

years before, he had always enjoyed good health till he had a fall off a building. This occurred three years before I saw him, and although not much hurt at the time he soon began to complain of pains in his chest and abdomen, for which he sought relief from different medical men. He was at last told that he had an aneurism, and had better go to a hospital. As he had been getting steadily worse for some time, and was unable to do anything, he went to Guy's, where he remained under treatment as an in-patient for six weeks. He says he continued to get worse, and was discharged in March, 1882.

He came to me in June, complaining of great breathlessness on the slightest exertion, with a strong beating in pit of stomach, accompanied by much pain in abdominal region and limbs, and with severe and constant headache. He had been losing flesh rapidly lately, had very little appetite, and was feeling generally very unwell.

On examination I found there was an aneurism of abdominal aorta, the dulness extending from ensiform cartilage half way to umbilicus. There was strong pulsation and a loud bellows murmur. I ordered him *Baryta Carb.* 3x three grains three times a day; to stay in bed as much as possible, to take what nourishing food he could manage, and to give up all stimulants.

The notes of the case show that he came again on July 11th, when there was no change in his condition.

25th.—Used to have much pain, but now has none.

August 22nd.—Better, no pain or headache. Rep.

October 18th.—Is feeling a good deal better than when he first came; he has entirely lost his headache and is feeling stronger. The beating is not so troublesome. Rep.

November 14th.—No pain or headache, palpitation not so strong. Rep.

December 12th.—The same. Rep.

January 9th, 1883.—He does not notice the beating so much; is still losing flesh. Rep.

February 6th.—Rather sleepless at night lately, and has some return of pain in limbs. Rep.

March 2nd.—Much the same. Rep.

From March 30th to June 29th the reports are that he is much the same. Rep.

During July and August he felt better and stronger again, and in September he went to Folkestone, taking his powders with him.

On October 19th I saw him again on his return from spending a month at Folkestone; he said he had been pretty well while away, and is feeling now better and stronger than he has done for a long time. He has been doing a little gardening, and is on the look-out for some light work. There is very little pulsation to be felt, and the bruit is much fainter. Rep.

November 16th.—Keeping better. Pulse 68, strong and regular. Appetite very good. Rep.

December 14th.—Is stronger and looking much better. Pulse 70, good. He is fatter. He says "he is a new man and can potter about all day gardening." The pulsation is very much diminished, and the bruit only heard on pressing the stethoscope rather firmly. He is still taking the *Baryta Carb.*, and I wish him to continue it and report himself from time to time.

FACT VERSUS FICTION.

A REFUTATION OF THE NATIONAL HEALTH SOCIETY'S TRACT,
ENTITLED, "THE PREVENTION OF SMALL-POX."

1. *Small-pox is a most loathsome and fatal, and the most contagious of diseases.*

"If no mischief be done either by physician or nurse small-pox is the most slight and safe of all diseases." (Sydenham.) "I look upon scarlet fever as the most infectious disease that there is." (Marson's *Evidence*, 1871, Q. 4213.)

2. *Before the introduction of vaccination, small-pox killed 40,000 yearly in this country.*

Before 1837 there were no records of the deaths from small-pox in England. "Small-pox attained its maximum after inoculation was introduced; this disease began to grow less fatal before vaccination was discovered, indicating, together with the diminution in fever, the general improvement in health then taking place." (Dr. Farr, *McCulloch's Statistics of British Empire*.)

3. *Thorough vaccination in infancy is an almost complete protection against small-pox.*

"Of the 950 cases of small-pox, 870, or 91.5 per cent., of the whole cases had been vaccinated." (Marson's *Report of Highgate Hospital for 1871*.)

4. *Of unvaccinated people one out of every three attacked by small-pox die.*

Of 17,151 cases of small-pox (all unvaccinated) 2,848 died, or one in six. (*Jurin.*)

5. *Of perfectly vaccinated people only one dies of every two hundred attacked by small-pox.*

6. *Perfect vaccination is shown by the possession of four well-marked vaccine scars.*

Of 75 cases in perfectly vaccinated persons, with four good marks, three died, one of malignant small-pox, or four in one hundred. (*Report of Deptford Hospital, 1880.*)

7. *Vaccination is harmless and practically painless.*

"In addition to the fact that people are ill after vaccination, it is important to remember that people die after the operation, if not from the disease itself, at least from its sequelæ, notably erysipelas." (*British Medical Journal, 1877.*)

"It sometimes endangers life, and in other cases leaves permanent impairment of health." (*Dr. Felix von Niemeyer.*)

The mortality from infantile syphilis has increased four-fold, scrofula has trebled, while skin diseases, pyæmia, and mesenteric disease have increased coincidentally with increased vaccination. (*Parl. Return, No. 392, Sess. 2, 1880.*)

8. *To ensure protection throughout life you should be revaccinated after the age of fifteen.*

"Vaccination either is or is not a preventive. If it be so it is effective the first time, and does not need to be repeated. To say that it requires repeating at stated periods of five, or seven, or ten years, is arrant humbug and quackery." (*Dr. J. Shorthouse, Croydon Chronicle, Jan. 6, 1877.*)

"Even re-vaccination is not absolutely preventive of small-pox." (*British Medical Journal, 1877.*)

"Cases of small-pox do occasionally occur after apparently successful re-vaccination." (*Deptford Hospital Report, 1880.*)

9. *Every soldier and sailor is re-vaccinated; the result is that small-pox is almost unknown in the army and navy, even amid surrounding epidemics.*

From 1859 to 1876 there were 1,306 cases of small-pox in the army with 94 deaths, and 686 cases in the navy with 42 deaths. (*Vide Appendix to "The Truth about Vaccination."*)

10. *You can be vaccinated free of charge by the Public Vaccinator.*

The Public Vaccinators of England and Wales are paid out of the poor rates nearly £100,000 per annum. And a large amount from general taxation. (*Vide Blue Books.*)

WHAT IS PURE DRINKING WATER?

“SINCE the publication of the first edition, the views I have ventured to put forward as to the fallacy of judging chiefly of the wholesomeness of drinking water by the amount of organic matter it may contain, have received unexpected confirmation from no less an authority than Professor Huxley, who, at a discussion at a recent meeting of the Chemical Society, gave it as his opinion, speaking as a biologist, ‘that a water may be as pure as can be as regards chemical analysis, and yet as regards the human body be as deadly as prussic acid; and, on the other hand, may be chemically gross, and yet do no harm to any one.’ ‘I am aware,’ continued he, ‘that chemists may consider this as a terrible conclusion, but it is true, and if the public are guided by percentages alone they may often be led astray. The real value of a determination of the quantity of organic impurity is, that by it a very shrewd notion can be obtained as to what has had access to that water.’ This opinion, so tersely and forcibly expressed, accords entirely with the results of my experience, and is in strict conformity with what may be called the common sense view of the subject, as I have endeavoured to show in the following pages.”—*Preface to the Second Edition of “Potable Water,” by Charles Ekin, F.C.S. (September, 1880, J. and A. Churchill.)*

TWO CASES OF LATHYRISM.

Two youths, brothers, were admitted into the medical clinic of the Royal University of Parma, said to be suffering from locomotor ataxy, from chronic myelitis. Professor Giorgieri was led to doubt the accuracy of this diagnosis, from their age, their good bodily health, and their careful but stumbling gait. A careful inquiry into their history convinced him that the disease from which both were suffering was due to the prolonged use of bread made with the flour of the vetch (*Lathyrus Sativus* and *L. Cicera*, Linn.). The following is briefly the history of the two cases:—

1. L. A., aged seventeen, had an excellent personal and family history. For a year past his diet had chiefly consisted of bread made with the flour of the vetch. At times he had also eaten the vetches green, causing nausea, vomiting, giddiness, ringing in the ears, stupidity, etc. These

symptoms gradually increased, and he noticed a tremor of the upper extremities, which became exaggerated on taking up or putting down anything. He gradually lost power in his legs, which felt heavy, with vague pains, formication, and sense of cold. When admitted, he was not able to stand without the support of a stick. On inspection, the legs were not wasted, but the abductors and flexors felt hard and contracted. His gait was uncertain and staggering, the right leg being rather the stronger; he lifted his feet with difficulty, often dragged them, and put them down suddenly and forcibly, as if they were heavy weights. The floor, he said, felt irregular; and he was obliged to keep his eyes fixed on the ground to guide his feet. He rested all his weight on a stick. With his eyes shut his movements were still worse, and he felt as if standing between two abysses. Without his shoes, too, he walked worse. In bed he could not sit up without helping himself up with his arms, nor move his toes, nor flex or extend the foot on the leg, nor the leg on the thigh, nor that on the pelvis completely. Sitting in a chair he could not extend his legs nor cross them. The knee-tendon reflex was exaggerated; voluntary movement of the abductors and adductors, and rotation of the foot were impossible. Tactile, thermic, dolorific, and electrical sensibility were perfect. The temperature was normal. Nothing could be seen in the blood at first or after cultivation. The urine was normal; there was a slight increase of urea.

2. In M. L. T., aged eleven, brother of the above, the symptoms were much the same, but less advanced. In the movements of the lower limbs, it seemed that to the execution of the will was opposed the spasm of the muscles antagonistic to those which should execute the movement. The tendon reflexes were exaggerated in both cases. In what organs is the lesion localised? This is unknown. Is it degeneration of the muscular film (Cantani), or central lesion of the cord (Brunelli), spastic paraplegia? Many observers deny the dependence of spastic paraplegia on the lateral columns of the cord (Leyden and Hughlings Jackson). Targioni-Tozzetti described a true epidemic of paralysis of the lower limbs in Tuscany in the last century, due to the use of lathyrus during a time of scarcity. Cases are also known in animals—horses (Rayer), and pigs (Ferraresi). Lathyrus seems to affect chiefly adolescents, the very young and old escaping its noxious influence. The toxic principle is not yet isolated. That the symptoms are due to such

principle seems certain. The general nutrition of both these youths had not suffered. Treatment is not successful, and there is no recorded case of perfect recovery. In these cases the constant and interrupted currents were perseveringly tried, the cold douche also, and generous diet. After three months the improvement was very slight, and they were discharged.—*Medical Record.*

HYPERICUM AMONG THE ALLOPATHS.

UNDER the name of Oil of St. John's Wort, a remedy for bedsores, etc., has recently been brought before the notice of the medical profession in various medical journals. The plant from which the oil is prepared is *Hypericum perforatum* L., a small perennial plant common in fields and by roadsides. It is about a foot high, and is distinguished from the newly allied species by its two-edged stem, oblong obtuse leaves, with pellucid dots and opaque veins, and by the sepals being erect and without marginal glands. The flowers, which are produced from June to August, are the part used, although the unripe capsules are equally valuable, and the seeds are said to be even stronger.

CHEMISTRY.—The balsamic odour evident when the plant is bruised is due to a volatile oil. The bitter resinous astringent taste is due to a resinous substance and tannin. The flowers contain a reddish resin, known as hypericum red, having the same odour as the blossom; it is soluble in alcohol, ether, and in volatile, hot fatty oils, giving them a wine or blood-red colour. It is also soluble in alkalis, with a green colour, and gives yellow precipitates with the alkaline earths and metallic salts.

THERAPEUTIC PROPERTIES.—Both among the ancients and by the earlier modern physicians it was held in high respect. Several species of St. John's wort is still used as a domestic remedy in country places for bad legs, the fresh leaves being bruised and applied as a poultice; and oil of St. John's wort, or red oil, is still asked for occasionally in shops. Formerly it enjoyed a reputation also in the cure of certain forms of mania and hysteria; it has also been esteemed useful in dysentery, gravel, hæmorrhage, pectoral complaints, worms, and jaundice; but its chief use was as a remedy for wounds and bruises, for which it was used both

internally and externally. There can be little doubt that it possesses both astringent and antiseptic properties.

PREPARATIONS AND DOSES.—The flowering tops have been used in doses of two drachms or more, given in the form of infusion or decoction. The preparation which has recently been recommended as a speedy cure for bedsores is the oil made by macerating the flowers in olive oil in the proportion of four ounces to a pint of olive oil, for some weeks. The substitution of a drying oil, such as cod-liver oil, for the olive oil, would probably be an improvement, the former alone having a considerable healing effect on abraded surfaces.

We have the foregoing from the wideawake *Midland Medical Miscellany*, and while thanking the editor of that journal for his information, beg to inform him that *Hypericum perforatum* is a classic remedy of the homœopaths for some years past, and if he will read our very extensive literature he will learn that we know how to use it with some approach to scientific accuracy, and not merely empirically as a daub for sores.

NITRO-GLYCERINE AND THE CHLORIDE OF GOLD AND SODIUM IN THE TREATMENT OF ALBUMINURIA.

In Bright's disease there is an increased tension of the vascular system, due to an irritation of the vaso-motor centre in the medulla. The condition of elevated tension of the vessels led Dr. Roberts Bartholow to the use of nitro-glycerine in albuminuria. He says that he has seen some remarkable instances of relief—indeed of cure—effected by it. In cases of mitral disease accompanied by albuminuria, it also renders the highest service—for the diminished peripheral tension lessens the work to be done by the heart, and assists in the more equal distribution of the blood. The effect of this in relieving the venous congestion is obvious.

Chloride of gold and sodium has a special action on the genito-urinary apparatus. The ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, and the kidneys by means of which it is eliminated, and in which it tends to accumulate, are decidedly affected by it in function and structure. The chloride of gold acts on con-

nective tissue, and checks its over-production. Dr. Bartholow uses the nitro-glycerine in the form of the centesimal solution, the initial dose of which is one minim. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours. It is indicated in acute cases after the subsidence of acute symptoms, and in chronic cases at all periods, but especially if given before hypertrophy of the arterioles has taken place. When it acts favourably, the amount of albumen in the urine steadily diminishes. Chloride of gold and sodium is indicated in the sub-acute and chronic cases, especially the latter. The good effects to be expected will depend, necessarily, on the extent of damage already inflicted on the kidneys. The usual initial dose is one-twentieth of a grain, twice a day. If this should cause any untoward symptoms, it should be diminished. If necessary, the dose may be increased. The good effects will be observed in less than two weeks or else not at all.—*Medical News and Hahnemann Monthly.*

BLACK TONGUE.

MR. GEO. STOKER, in the *Brit. Med. Journal* of March 29, 1884, says:—"As far as I am aware, this disease has not been seen in England, though it has been described on several occasions by French writers. Cases are mentioned in the *British and Foreign Medico-Chirurgical Review*, as being reported by Dr. Eulenberg and M. de St. Germain. The former mentions one case, that of a boy, "whose tongue was black from base to apex." The papillæ were much hypertrophied, and the condition continued for three months. Scrapings of the tongue, when viewed under the microscope, showed "numerous thickened brown coloured epithelial cells, and on their borders pigment-granules were enclosed by cell or membrane."

The cases reported by M. de St. Germain are four in number. He "four times met with a spot of an oval shape and intense black colour in the middle of the organ:" 1, a girl, aged thirteen, with increasing emaciation and paraplegia; 2, a girl, aged eleven, convalescent from enteric fever; 3, an asthmatic old lady, aged seventy, whose health was not otherwise impaired; 4, an old man in fair health.

The case I have under my observation is one of a man, aged seventy; he is a painter by trade, but has not been in active employment for five years. He is one of seven brothers, and his "family history" is excellent. He has suffered with painter's colic, and had two strokes of paralysis eight years ago. He first noticed the discoloration of his tongue three years ago; commencing by an ellipse of black in the centre of the tongue, it gradually spread until the whole organ was black from base to apex. The tongue on examination is smooth and velvety to the touch, and the ellipse in the centre is of an intense black colour. On microscopic examination, the scrapings of the tongue are seen to be made up of greatly hypertrophied epithelial fringes, evidently detached from the fungiform papillæ. These fringes, which look to the naked eye like hairs, are seen under the microscope to be formed of imbricated epithelial scales, stained of a deep brown colour, but no pigment-granules can be detected. The patient is not an excessive smoker, nor has he been taking any substance, medicinal or otherwise, that would discolour his tongue. He enjoys fairly good health, suffering from slight chronic bronchitis and emphysema. At times the blackness has almost disappeared, and has again returned. The age and temperament of the patient exclude the idea of it being a so-called hysterical or intentional fraud.

PROFESSOR PARKYN ON ANIMAL AND PLANT CELLS.

THE second of a course of lectures on "Animal and Plant Life" was delivered by Mr. Ernest A. Parkyn, B.A., in the hall of the Cleveland Literary and Philosophical Society. There was a large and representative audience. The lecturer on the previous occasion had explained that every animal and every plant, however complicated may be the form it ultimately assumes, begins life as a more or less rounded semi-fluid mass of living matter, called a "cell." Then he proceeded to point out that the lowest forms of animal and plants consist of a single cell; whilst organisms in the grade above them were aggregations of simple cells. As they went upward in the scale of life they found that the cells thus aggregated became more or less altered from the

primitive cell, and assumed very varied characters; and just in proportion as those cells were more varied, so was the animal or plant higher in the scale of life. All the higher animals and higher plants might, therefore, be described as enormous aggregations of cells, for the most part very much and variously modified. The lowest forms of animals and plants consisted of nothing more than a single cell—a fact which was illustrated by such examples as are afforded by yeast and protococcus amongst plants, and by Amœba and the Foraminifera amongst animals. Putrefaction was a different form of fermentation from that which he had considered in the opening lecture, and it was now well known by scientific men that this process of fermentation was due to the life, growth, and rapid propagation of the very minute forms of life called Bacteria. These tiny forms were continuously undergoing a variety of curious movements, and a singular circumstance in connection with them was that one of those movements was performed in precisely the same manner by the minute particles of red gamboge when they were placed in water and viewed through the microscope. This singular phenomena on the part of gamboge was called the Brownian movement, from the simple fact that it was first observed by a gentleman of the name of Brown. Bacteria must be regarded as plants, and not as animals. They resembled the little yeast plant, inasmuch as their vitality was not destroyed when they were dried. In a dried state the Bacteria resembled a very fine dust, and as the particles might be easily carried about in the atmosphere from one place to another, it was believed by scientists that, in a similar manner, the germ particles of disease were disseminated from place to place. The lecturer then went on to refer to the characteristics of the *Protococcus pluvialis*—a microscopic oval cell of varied size, and strikingly different from *Torula* in being of a green colour. This green colour was due to the presence of that body which gave vegetation its distinctive appearance—namely, chlorophyl. Apart, however, from this, the *Protococcus* presented the same features as *Torula*—namely, a cell-wall with granular contents or protoplasm; and, like *Torula*, it reproduced itself by the cell dividing into two parts. *Protococcus* was able to manufacture protoplasm from more simple materials than even *Torula*. It did not require as food substances containing more than two of the elements forming proteid combined together—a power due to the presence of chlorophyl.

Under the influence of sunlight the chlorophyl had the power of splitting up carbonic acid into its elements. The carbon was retained to assist in the manufacture of protoplasm, whilst the oxygen was breathed out. Protococcus thus differed from *Torula*; but, like it, the *Protococcus* respired it, for it took in oxygen and gave out carbonic acid. During the daytime its respiration was hidden, because the amount of carbonic acid taken in was infinitely greater than that breathed out; whilst during the night, in the absence of sunshine, the peculiar decomposing power of chlorophyl was in abeyance. This respiratory process was in plants so excessively small that it was extremely difficult to observe it in the daytime, but during the night it was more easily observed, for the respiration was not dependent on the presence of light. It was advisable to have plants in a close room, but it was not very advisable to have many flowers, for the latter breathed in oxygen and breathed out carbonic acid. In small cases this would not be discernible, but when there were many flowers it could be seen. After Gambetta's death, when the body was exposed to view, the state room was almost filled with wreaths of flowers sent from all parts of France; and as they were very costly three attendants were placed continuously in the room to guard them. The result was that one of these attendants was carried out in an asphyxiated condition, being almost choked by the carbonic acid gas exuding from the flowers. This showed that a large collection of flowers was derogatory to the human economy. It might be said that the *Protococcus* differed from the *Torula* in three respects—(1) by the presence of chlorophyl; (2) by it taking in carbonic acid and breathing out oxygen; and (3) by it being able to obtain the carbon to build up the protoplasm from so simple a compound as carbonic acid. On the other hand, the *Protococcus* resembled the *Torula* in four respects—namely, (1) by possessing a cell wall; (2) by being able to manufacture its protoplasm from simpler bodies; (3) by the ability to reproduce itself; and (4) by respiring. The *Protococcus* was usually stationary, but sometimes it exhibited active movements that were produced by the contractions of long vilvatile filaments called "cylla." At this point the lecturer digressed in order to explain the meaning and nature of chemical compounds. Having made this explanation, the lecturer proceeded to speak of the chemical action in trees, plants, and vegetation generally. It had, he said, been long supposed that the

existence of large numbers of trees in the neighbourhood of towns had a highly salutary effect upon the atmosphere of the district by clearing it of its carbonic acid gas and replacing it with oxygen. Recent investigations had, however, upset that idea most completely. An eminent German physiologist, after a most careful and searching investigation, had come to the conclusion that no direct sanitary effect followed the presence of trees in smoky manufacturing districts where carbonic acid gas was present in large quantities. As a matter of fact, there was no discoverable difference between the atmosphere of a forest and that of a large town so far as the proportion of carbonic acid was concerned; in other words, the quantity of carbonic acid gas in the atmosphere of a town could not be shown to be greater than that in the open country. The discovery was certainly a very extraordinary one, but there was, nevertheless, every reason to suppose it was thoroughly well founded. But, this being the case, they were not unnaturally inclined to ask, "What becomes of all the carbonic acid that comes from the large works in the neighbourhood?" Well, the disappearance of the carbonic acid gas was accounted for, in the first place, by the fact that our atmosphere extends for forty or fifty miles above the surface of the earth; and, in the second place, by the extreme mobility of the atmosphere—both circumstances tending in the one direction, to the dispersion of the carbonic acid gas. This opened up the question, what was the use of so much foliage round about us, and what was the effect which foliage and flowers had upon our senses and upon our minds? We are so much accustomed to the presence of foliage and flowers that we do not sufficiently appreciate what an extraordinary effect they have upon our whole lives. One reason for the great diffusion of plant life was the great influence which it had upon the soil. Plants took up all their water from the soil, and thus acted beneficially by draining it. Experiments had shown that epidemics were communicated with accumulations of stagnant water, and by drainage they were got rid of. Then plants got all their salts from the soil, and, therefore, used up the drainage of the human system, and restored the balance of nature. Foliage provides us also with shade. Trees used up a great deal of heat by the evaporation of large quantities of water from their leaves. By applying a thermometer to the trunk of a tree they would find that it was much colder than the surrounding atmosphere. The surfaces of the leaves were

generally of a lower temperature than the atmosphere around them. By throwing shadows they also caused currents of air, and thus prevented the torridity of heat which would otherwise prevail on a summer's day. Foliage was also of great use in protecting mankind from wind and dust. The lecturer then went on to describe the Amœba, an animal cell, which, like both the Torula and Protococcus, exhibits the functions of reproduction, assimilation, and respiration; but, again, it differed from both in two important respects, inasmuch as it had no cell-work, and could not manufacture the complex proteid of its protoplasm from similar materials, but required proteid ready-made in its food, and thus, like all animals, it was ultimately dependent on the vegetable kingdom for its existence. It was characterised by extreme irritability and contractility. It had also an organ of a vesicular type resembling the human heart, and a German physiologist had gone so far as to say that by a microscope of immense power he had seen minute channels leading from this vesicle to all parts of the cell, resembling the arterial economy in the human body. But the Amœba, notwithstanding its simplicity, was not the lowest form of animal life. Just as it was more complicated in structure than Torula, inasmuch as it possessed a nucleus, so it was more complicated than certain animal forms, some of which are known under the name of Foraminifera. Notwithstanding that many of the Foraminifera possess an external coating or shell of wonderful complexity and mathematical regularity, the essential living portion of the organism was simply a structureless mass of protoplasm, not possessing even a nucleus. In its simplest form this structureless mass is enclosed within a plain rounded case of carbonate of lime. The Foraminifera, so insignificant in size and so simple in structure, had played an extraordinary part in past times. The enormous deposits known as chalk were composed very largely of the cast-off shells of these tiny organisms, and modern research had shown that the Foraminifera are at the present day doing the same work on the bed of the Atlantic three miles below the sea-level as they did ages ago.—*Exchange.*

LONDON HOMŒOPATHIC HOSPITAL.—Some members of the Kyrle Society have decorated the Quin Ward in this hospital with some of their paintings.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE general secretary of the British Homœopathic Congress informs us that the Congress will this year be held in London on September 18. Particulars may be obtained of the general secretary, Dr. Dyce Brown, 29, Seymour Street, W. The president elect is Dr. Hayward, of Liverpool.

A LITHOPÆDION MORE THAN HALF A CENTURY OLD.

AT a recent sitting of the *Academie des Sciences*, Dr. Sappey exhibited a fœtus which had died at the end of six months' extra-uterine gestation, and had afterwards been retained in the mother's abdomen for fifty-six years. The mother became pregnant at the age of twenty-eight, but labour did not come on at term nor afterwards. At the age of eighty-four she went into the infirmary at Quinperli, where she died three weeks after admission. At the necropsy a large hard cyst, with calcified walls, was discovered adjoining the uterus. This was divided by a saw, and found to contain a fœtus in a state of almost perfect preservation. The skin, the lungs, muscles, and other parts had preserved their normal softness and appearance. M. Sappey explains the preservation of the fœtus by means of Pasteur's theory concerning the exclusion of air and aerial germs. It is a noteworthy fact that these cases of lithopædions have been in the most authenticated instances of extra-uterine origin.

Obituary.

CHEVALIER DE KACZKOWSKI, M.D.

NOT long since we had to deplore the untimely death of a distinguished colleague, Dr. Edward Huber, of Vienna. We now learn that Dr. Anton Ritter von Kaczkowski died on May 3, 1884, at Lemberg. Deceased was a power for Homœopathy in Poland, and is principally known in the literature of our school by his writings on hydrophobia and on small-dose vaccination. His best writings will be found in the *Allgemeine Homœopatische Zeitung*.

LITERATURE.

A BATCH OF BOOKS.

As a general rule it is our privilege and pleasure to give some account of every book sent to us for review, and that each book by itself. But we have got behind with our reviewing work, and authors will very kindly accept our apologies and promises to try to mend our ways editorial. Here is:—

1. *Dr. Shuldham's Family Homœopathist*, in the sixth edition, an excellent little treatise, plain, sound, and good, and, like everything from the pen of this accomplished *littérateur*, finely finished. It has been before us for months, and now we acquit ourselves but poorly in its regard. We see Goulds, of Moorgate Street, now publish it.

2. *Homœopathy and Gynæcology*. By Thomas Skinner, M.D. Second Edition.—It is published by the Homœopathic Publishing Company, Warwick Lane, and has been on our editorial table for nearly a twelvemonth, looking very pretty in its bright neat binding. We should like to quote largely from it did space permit. It has the sweetly pretty motto, *Veritas, a quocunq; dicitur, a Deo est*. Skinner's "Homœopathy and Gynæcology" is in parts simply beautiful, in parts rather extravagant, and on the whole many years ahead of the times. We wish every homœopath would read it attentively. All must agree that it is written by no ordinary man, and its testimony in the grand cause of medical truth is of the highest order. This work is not without importance for the history of Homœopathy in Great Britain particularly because of the author's intimate association with the late Sir James Y. Simpson.

3. *Dr. Roth's Collection for the Instruction of Teachers and Medical Students in Scientific Physical Education. A Catalogue Raisonné*. Edited by Walter E. Roth, Science Demy, Magdalen College.—This speaks for itself and for the unabated energy of our indefatigable colleague, Dr. Roth.

4. *A Retrospect of Allopathy and Homœopathy*. By Hugh Hastings, M.D. Second Edition. Homœopathic Publishing Company, Warwick Lane.—The first edition of this work was favourably reviewed in our paper, and now we need only call the attention of our readers to it, and to apologise to the author for leaving it so long unnoticed. At least any one will see that we are impartial in our neglect.

5. *Diseases of the Rectum and their Homœopathic and Surgical Treatment*, by Mortimer Ayres, M.D., has lately reached us from Duncan Brothers, Chicago. This will prove a useful practical work to the physician and surgeon, for rectal and anal complaints are not so easily diagnosed or treated to admit of our ignoring the ripe experience of our able colleague.

6. *The Cure and Prevention of Spinal Curvature*. By A. Leffler Arnim, Professor of Ling's Curative Movements.—This has our unqualified approval, and is on a line practised in this country for so many years by Roth. Our author says—

“Und wenn's euch Ernst ist was zu sagen
Ist's nöthig Worten nach zu jagen?”

We trow not, and so say no more.

7. *The Law of Similars: Its Dosage, etc.* By C. Wesselhoeft, M.D., Professor of Pathology and Therapeutics in Boston University School of Medicine.

This able little treatise is published by Otis Clapp and Son, and ought to have been noticed by us long ago. It is a most laudable attempt to grasp the intangible sanely, soberly, and scientifically. It adds to the lustre of our school.

8. *Bright's Disease of the Kidneys: Its Pathology, Diagnosis, and Treatment*. By Henry B. Millard, M.D., A.M.

This important addition to standard medical literature is published by Sampson Low and Co., London. The author is vice-president of the New York Medico-Chirurgical Society. In positive pathology and diagnosis it is abreast of the times, and its value is much enhanced by the numerous original illustrations which it contains. We are glad to see the distinction between *albumen* and *albumin* finally fixed.

On page 121 we meet with a word horrible enough to give one the nightmare—“causology”! And our author's therapeutics? Mainly homœopathic (though rather poor for that), and—*sans en dire mot!* Well, well, has it come to this, that backdoor Homœopathy is published by Sampson Low and Co.! Never mind, dear Dr. Millard, give us the thing called Homœopathy in your treatment, because it is scientific, exact, and the best; and as for that Hahnemann and the noble army of practitioners, propounders, and defenders of Homœopathy—what matters about them? Let them perish, *they* are nobodies compared with the original thinkers sometimes known as Ringerites.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE HANDWRITING ON THE WALL.

DEAR MR. EDITOR,—I have long and constantly had my say against arsenical papers. Three months and more have I suffered acute pains and sleepless nights—gripping, tearing, torturing agony,—and at last the cause is revealed; there was an arsenical paper innocently unsuspected in my bedroom, and a red flock, with its deceitful gold, in the dining-room, deadly with copper; and the picture-rods quite a depôt for verdigris, where the mischief could not be seen. The papers are off, the poles painted, and had the papers been properly analysed anxiety, money, and suffering would have been saved. I have also warned your readers against ultramarine. Some of the paper-makers disallow my facts and experience. Beware of them, for they also pooh-pooh very minute doses of arsenic, and tell you that arsenic finds no way through oil-paint. Beware of such advice. The paperhanger now at work in my house put up for a lady and her daughter a bedroom paper which he told them was arsenical, *but they would have it, and no other*. So the noses of the men may pour blood, as they sometimes do when papers are removed—and that, too, is a small matter.

East Hill, Wandsworth.

Yours faithfully,

H. USSHER.

BOMBYX PROCESSIONEA.

(Syn. Cnethocampa P., Pityocampa P. Common name, Procession Moth.)

DEAR SIR,—Dr. Allen, in his *Materia Medica*, gives some proving of this caterpillar. The hairs produce such great irritation that many naturalists do not care to keep the larvæ alive. Some idea of their irritating effect may be formed by the fact that avenues in the Bois de Boulogne are sometimes closed to protect the public from the irritation of the skin

caused by their floating about. The Roman Senate at one time prohibited, under severe penalties, their use in medicine, by reason of their virulence. When in search of food, their peculiar habit of following in long lines, or circles, one by one, then two by two, and sometimes in threes and fours, is most interesting and extraordinary. We have received some hundreds of the live larvæ, which were collected for us on the Continent, and they may be seen at any time in our pharmacy.

We are, dear Sir, yours obediently,
114, Ebury Street. ADFRED HEATH & Co.

WHAT CONSTITUTES A HOMŒOPATHIC PRACTITIONER?

SIR,—What constitutes a homœopathic practitioner?
How does the world find it out?

What entitles one to insertion in the "Homœopathic Medical Directory"?

Perhaps you would favour me with a reply through your paper, which I now take.

Yours faithfully,

ISRAEL J. E. RENSHAW, M.R.C.S., L.R.C.P. London.
School Road, Sale, Cheshire,
May 18th, 1884.

[1. A homœopathic practitioner is one whose medical practice has the law of similars as its backbone.

2. The world finds it out in various ways, and most quickly if you try to hide it!

3. Any properly qualified medical practitioner may have his name inserted in the "Homœopathic Medical Directory" by merely forwarding it to the publishers. Having your name in that Directory means that you are a medical man, legally qualified, that you believe in Homœopathy, that you practise it to the best of your powers, and that you have the manliness to stand up and fight for it because of its immense importance in the treatment of disease by medicines. A great many medical men in this country are in the habit of practising homœopathically on the sly; they are mean-hearted cowards, and may generally be recognised by

their vulgar abuse of—Homœopathy. Their leaders are in high places, and publish handbooks of therapeutics that sell well, and these crypto-homœopaths are particularly remarkable for pretended originality and naïve ignorance. You will find them discovering the altogether unsuspected antipyretic action of *Aconitine*, the unheard-of emmenagogic action of *Pulsatilla*, the curious effect of *Arsenic* in Bright's disease, and the wonderfully easy method of curing emesis by micro-psopic portions of *Ipecacuanha*. They, however, count for nothing where manliness has any value.—Ed. H. W.]

RICHARDS GRAY, ESQ., B.Sc., ON MONOMANIA.

DEAR SIR,—Permit me to draw attention to the following interesting case of monomania, in which the organ of “conjugality”—according to phrenological nomenclature—was diseased. It was brought under my notice by a lady, sister to the one in question, who introduced the husband, a gentleman of good position, a banker in the northern districts.

The lady in question had been an inmate of three of our best asylums (private), and no relief had been afforded, much less cure effected.

The gentleman, in conversation, said he was ready to carry out my instructions, and did so with the following result: The mother is now in the midst of her family, and the wife the restored companion of her husband.

The features of the case were these: An impression that the attention to and love for her husband was not such as her relationship demanded, nor her devotion to the interests of her family sufficiently deep and true, together with the idea that both disliked her company and conversation. There was no such thing as removing this by any of the means tried.

I suggested that to attack the idea at its fount a purchase should be made of an entire suit of apparel, the exact colour, quality, and pattern known to be her favourite; that the packages should be laid in a drawer she most frequented, the drawer not being shut or quite closed, when, possessing large “order,” as she entered her attention would immediately be drawn to such lack of tidiness; that on one of the parcels a note should be affixed, addressed, “From Henry to Louise, with intense affection.”

My suggestion was carried out to the letter, and with the result I have before named.

As medicines I advised *China Officinalis* and *Ignatia Amara*, the first twice daily, the second at noon, with the best effects.

Having made mental diseases in some small degree a study, I am led, especially by this last success, to thoroughly endorse the sentiments of Sir William Ellis, M.D.: "I candidly confess that till I became acquainted with phrenology I had no solid ground upon which I could base any treatment for the cure of insanity."

Hoping that the above may be of some service to the profession generally, and apologising for the length of my letter,

I am, dear Sir, faithfully yours,

Cinderford, Newnham.

RICHARDS GRAY, B.Sc.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

M. M. DUZ, PARIS. — We do not admit that Mattei's quackery forms part of medicine at all, and therefore all discussion about it is futile. You say, "laissons à la postérité le soin de dénigrer, etc.;"

but, dear friend, do you not see that *every* secret-monger's art *dies with himself!* It has no posterity!. It is for this very reason—viz., *its extinctive sterility*, that all right-minded men, who love their kind, have it in such absolute contempt. Bear in mind that every abettor of secret-mongery is an enemy of mankind and of science. Fortunately for God's creatures, *every* secret-monger is blasted with extinctive sterility. *Mundus vult decipi, ergo decipiamur* is the motto of all quacks. Verily they shall have their reward. When your secret-monger sells a *good thing*, which is often the case, no doubt, he claims the goodness of his ware as an excuse, but *qui s'excuse s'accuse*.

PROFESSOR TALBOT, BOSTON.
—Accept our thanks and warmest congratulations.

BOOKS AND JOURNALS
RECEIVED.

- Vaccination, 1883. By Alexander Wheeler.
Monthly Homœopathic Review, June 2, 1884.
The Zoophilist, June 2, 1884.
The Guide, June.
Dietetic Reformer.
Vaccination Enquirer.
Homœopathic Physician, No. 6.
Annual Report for 1883 of S. Saviour's Hospital.
Journal of Medicine and Dosimetric Therapeutics, June, 1884.
A Treatise on Bright's Disease of the Kidneys. By Henry B. Millard, M.D., A.M. London: Sampson Low, Marston, and Co. 1884.
New York Medical Times, May, 1884.
Hahnemannian Monthly, May.
The California Homœopath, No. 3.
American Homœopath, May.
Medical Counselor, April 15, May 1 and 15.
Bulletin de la Société Médicale Homœopathique de France, No. 1.
Cheltenham Free Press, June 14, 1884.
The Medical Advance, May, 1884.
United States Medical Investigator, May 17.
Dublin Journal of Medical Science, June, 1884.
Revue Homœopathique Belge, Avril.
Allgemeine Homœopatische Zeitung, No. 22.
Diseases of Rectum. By M. Ayres, M.D. Chicago: Duncan Brothers. 1884.

Revista Homœopática Catalana, No. 5.
Night and Day.

CORRESPONDENTS.

Communications received from Dr. Lade, Glasgow; Monsieur M. Duz, Paris; Dr. Mary Hall, London; Dr. Pope, Tunbridge Wells; Dr. Dyce Brown, London; Dr. Hayward, Liverpool; Dr. Harmar Smith, Ramsgate; Dr. William Hitchman, Liverpool; J. H. Postlethwaite, Esq., Brighton; Professor Talbot, Dean of Faculty, University of Boston; Alfred Heath, Esq., F.L.S., London; Dr. Renshaw, Sale, Cheshire; Editor "Jewish Chronicle;" Dr. Ussher, Wandsworth; Dr. Berridge, London; Dr. H. Goullon, Weimar.

The Homœopathic World.

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British Medicinal Plants.
The Secret of Mattel's Electro-Homœopathy Revealed.
A Case of Suicidal Mania Cured by Aurum Metallicum.
Sewerage.
Dangers of Cosmetics.
A Case of Obstinate Constipation Cured by Silicea.
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THE
HOMŒOPATHIC WORLD.

AUGUST 1, 1884.

CHOLERA.

It is more than likely that we may have to do with this disease before we again go to press, and hence we deem it timely to bring some information on the subject. Theory-spinning is entirely out of place, and so we will begin by going to India—the habitual home of Cholera—for some of our information.

In a late number of the *Calcutta Journal of Medicine* there was a leader entitled "What to Observe in Cholera," from the pen of its editor, Dr. Sircar, an eminent authority on Cholera. Here it is bodily:—

WHAT TO OBSERVE IN CHOLERA.

The general impression is that Cholera is the easiest disease to diagnose and understand. So far as diagnosis is concerned for purposes of distinguishing it from other allied diseases, perhaps the impression is correct. But so far as diagnosis is concerned for distinguishing its varieties, and individualising its cases, for purposes of treatment, it is one of the most difficult diseases to deal with. The main symptoms, purging, vomiting, anuria and collapse, are so prominent, that it does not require an educated eye to tell whether a case is one of Cholera or not. And these symptoms appear to be so similar in all the cases that to the uneducated, and even to the educated eye, cases of Cholera look very like one another. But nothing can be further from the fact. Not only do different epidemics and outbreaks differ from one another, but even in the same outbreak there are marked differences between one case and another.

Such being the case it becomes a serious question with the profession whether different remedies are not called for in

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different outbreaks and even in different cases in the same outbreak. To the orthodox physician who treats disease on general principles this differentiation of outbreaks and cases may be thought to be hardly of any importance. But to the physician who treats disease on the homœopathic principle this differentiation is absolutely necessary. We have, in order to facilitate this differentiation, jotted down the following notes relative to the points to which the attention of the physician ought to be directed in cases of Cholera. We believe that whatever the views we hold regarding the treatment of the disease, such scrutinisation of the minutiae of the symptoms will lead to the elucidation of its nature and causation, and may thus lead to its proper treatment.

We think the physician would be better able to observe if he keeps in view the stages which the disease in its typical form presents. These stages, as pointed out in this journal (1869), may be considered to be five in number as under :

1. Stage of Incubation, of Invasion, or of Preliminary Symptoms.
2. Stage of Full Development.
3. Stage of Collapse.
4. Stage of Reaction.
5. Stage of Sequelæ.

We need hardly add that every case of Cholera does not run its course through all these stages. Thus in the virulent forms the first stage may be entirely wanting, or more properly speaking may so rapidly pass into the second as to be indistinguishable. And in more virulent forms still the second and third stages may be one in which death would successfully preclude the formation of the fourth and fifth stages.

The Preliminary Stage may be said to extend from the first departure from health to the time when the evacuations, ceasing to consist of the natural contents of the hollow viscera from which they proceed, become watery. The evacuations are invariably described as rice-water-like. Though they generally resemble this stuff, they do not do so invariably. Rice-water has some consistency and is whitish. The evacuations in some cases can hardly be distinguished from ordinary water.

The Stage of Full Development commences with the commencement of watery stool and vomiting, and may be said to extend till the pulse becomes extinct or nearly so at the

wrist, when Collapse is generally said to set in. It is in the Stage of Collapse that the greatest number of deaths takes place. It is much easier to say when this stage ends, which is either in reaction or death, than when it begins. Collapse is the highest degree of vital prostration, only short of, but verging towards, actual dissolution. More or less of it is present from the very beginning of the second stage or the stage of full development. But as death cannot take place so long as there is pulse at the wrist, we have assigned its beginning to the time when the pulse has disappeared or is about to disappear from the wrist.

The Stage of Reaction begins with the reappearance of the pulse at the wrist. Reaction may terminate in a gradual return to health, by the restoration of the various secretions, the bile, the urine, etc. Or it may be imperfect, lapsing into collapse again. Or it may be abnormal, giving place to the Stage of Sequelæ, in which the whole system, or some particular organs, from some inherent weakness, being unable to recover thoroughly from the original shock of the disease or from its subsequent ravages, or, as is not unfrequently the case, being hampered by injudicious medication, take on abnormal action, and suffer from congestion or even positive inflammation, which, if not judiciously managed, will often lead to a fatal result.

Such are the various stages which a typical case of Cholera will generally pass through. There are symptoms peculiar to each stage which it is essential for the successful treatment of the disease to observe with care.

I. In the first or Preliminary Stage the physician should direct his attention to the following points:

1. In taking the history of a case the physician should not remain satisfied till he has come to the very first departure from health preliminary to the actual commencement of the characteristic symptoms of the disease. For how long this departure from health has been going on, and what its nature?

2. In the next place, the physician should trace the cause of this departure from health, and this may be due either to some irregularity in food, or other irregularities, such as night-keeping, exposure to cold or heat or both, mental anxiety, attendance on Cholera patients, using water from tanks or other sources in which Cholera dejections have been thrown. As a general rule people of this country are most careless and uncleanly in their habits. Not the slightest

concern is felt about the proper disposal of the dejecta of Cholera patients. They are allowed to go about anywhere and everywhere, mixing with food and drink, without exciting alarm or even suspicion about the disastrous consequences that might and indeed that do follow in this way. This is sometimes the manner in which, after the breaking out of one case in a house, several cases follow in rapid succession. The neighbouring tanks and even streams are sure to be polluted by this reckless disposal of the evacuations of Cholera, and it is thus that the disease may spread from house to house and from village to village. It is our conviction that the dust of the streets may be thus contaminated, and may thus help in its propagation and spread.

3. The physician would find it important to note what was the very first symptoms which ushered in the disease, whether it was vomiting or purging. If vomiting, what was the stuff thrown up? If the ingesta, in what state, absolutely undigested, or partially digested? Whether the vomited matter contained acid or bile or both? If purging be the first symptom, what was its character? Did it contain undigested food? Was it *feculent* at all, or was it from the beginning watery? Was it bilious? Was it offensive? Was it preceded, attended, and followed by pains in the abdomen, colic and gripes?

4. When did the first vomiting or first stool take place—that is, in what part of the day or the night? It is generally believed that when Cholera begins after midnight, it proves the most severe. Experience has not substantiated this view. But experience ought to be multiplied in order to institute a comparison between cases occurring in different periods of the day, as to their number, severity, and fatality.

II. In the Stage of Full Development the following inquiries should be instituted:

1. When did the patient begin to feel loss of strength? Before or after the vomiting and purging? When did the voice begin to change, before or after the evacuations?

2. Are there cramps at all? If so when did they begin, and where? Generally, it will be found that the lower extremities are the first to suffer from cramps, then the upper, then the muscles of the abdomen and chest, and then the muscles of the face. But the physician should not be satisfied with this general rule. He should note the precise order of the development of the cramps. He should note where they prove the severest. He should note whether

the flexors or the extensors or both flexors and extensors are affected by cramps. He should particularly watch if the diaphragm and other respiratory muscles are the seat of the cramps. The heart may be the seat of cramps, and life may be extinct when they are severe or prolonged.

3. The character of the evacuations as to their quantity, colour, consistency, smell, frequency, and composition, should be carefully noted. The force with which they are ejected differs in different cases. Sometimes there is simply oozing out of fluid, sometimes the gush is like that of a torrent, sometimes the fluid is spirted out, sometimes comes out like a shot. Sometimes there is an alternation of oozing and gushing or spirting, etc. It should also be noticed whether the stools are passed voluntarily or involuntarily, consciously or unconsciously.

4. It is in this stage that the variety of the disease should be ascertained. Thus if the downward evacuations are predominant we have the diarrhoeic variety; if the irritability of the stomach is most distressing, manifested by nausea, continued retching and vomiting, we have the gastric variety. We have seen cases in which there has been no nausea or vomiting from the beginning to the end. It remains to be seen if there are cases with vomiting only, purging being entirely absent. The gastro-enteric variety is marked by both vomiting and purging being equally frequent. In the spasmodic variety the cramps are the most distressing symptom, and are generally out of proportion to the evacuations, though sometimes they may seem to be in direct ratio to them. The inflammatory variety is characterised by a full, bounding, but not incompressible pulse, heat of the abdomen and sometimes of the general surface. When the prostration is quite out of proportion to the evacuations, when the countenance at once becomes livid or blue, the pulse rapidly fails, the voice becomes a whisper, the perspiration is profuse and clammy and seems to take the place of the evacuations—in other words, when the second and third stages mingle together and the latter predominates over the former, we have a most difficult variety to deal with, which we may call the asphyctic or the syncopal variety, according as death results from asphyxia or syncope. There is what is called a dry variety, *Cholera Sicca*, in which collapse is said to have taken place without any evacuation, leading on, unless checked, to death.

5. In this, as in the other stages, the presence of thirst

and its character should be particularly inquired after. As a general rule thirst is present, but we have seen cases, and of the most deadly description too, in which thirst has been entirely absent. When thirst is present, we should notice whether the patient wants water at frequent or at long intervals, whether he is satisfied with small quantities of water and wants it again, or whether the thirst is insatiable with any quantity.

6. We should note what effect the drinking of water has upon the existing symptoms, whether the water drunk is immediately rejected and thus tends to increase the vomiting; also whether it provokes the purging. Or whether the water taken has a soothing effect upon the stomach.

7. The mode in which the water drunk passes into the stomach, whether noiselessly or with a gurgling noise, should be noted. Also whether the water seems to be arrested in the middle of the œsophagus.

8. The patient's condition as to restlessness or comparative repose should be noted. Whether there is continual tossing about, or at intervals only. Whether there is stupor, interrupted by groans and (in children) by shrieks and cries. The cause of this restlessness should be ascertained, the patient's own version being taken, though that version may not always be correct. Very often the patient complains of excessive burning of the body generally, and of the stomach in particular, and this burning is then the cause of his restlessness. But restlessness may arise from no apparent cause. The patient tosses about because he cannot help doing it.

9. The mental condition should be carefully noted, whether he is calm and resigned, or tormented with fear of death, or with some sort of anguish he cannot express.

III. In the Algide Stage, or Stage of Collapse, the same observations as above ought to be made, with particular reference to the following:

1. The condition of the respiratory organs. The number and character of the respiration should be noted. As a general rule the respiration will be found to be quick and laboured. Sometimes it may be slow and sobbing.

2. The condition of the circulatory apparatus. Is there any pulse at the wrist, if not at the brachial, or at the axillary artery? The heart should be ausculted, to determine the force of the impulse and the distinction between the systolic and diastolic sounds. It is of the utmost conse-

quence to ascertain if the collapse is due to paresis of the heart or spasm of the pulmonary capillaries and arterioles.

3. The presence or absence of perspiration, and its character and locality when present, should be observed. The temperature of the surface all over the body should be carefully examined.

IV. The Stage of Reaction should be most narrowly watched. The choleraic symptoms may develop anew, but in normal reaction this is short-lived and indicative of returning vitality. It should be the duty of the physician to interfere as little as possible in this stage. The lamentable consequence of interference very often is the development of severe and grave sequelæ. It is natural for the stool and vomiting, if they have been persisting, or if they have returned with returning vitality, to gradually assume the bilious character, and we have seen the most hopeful cases transformed into hopeless ones by treating them as bilious diarrhœa and vomiting with drugs which have these symptoms in their pathogeneses. The physician therefore should note—

1. If the stools and the vomitings refuse to become bilious. If they do so for a long time, it is then that he should interfere.

2. If the reaction has a tendency to fall back into collapse and in what way, whether from deficient oxygenation of the blood, or from failure of the heart, or from the condition of the blood itself.

3. If the reaction has a tendency to become abnormally violent, leading to implication of important organs in congestive, inflammatory, or other morbid processes, and thus ushering in—

V. The Stage of Sequelæ. Two things are necessary to be borne in mind in the treatment of this stage. First, that there is more or less congestion in almost all the organs in every case of Cholera, after reaction has set in; secondly, that this congestion is with an impoverished and poisoned blood. The blood is impoverished, having become deficient in water and in some of its essential salts; it is poisoned, having become surcharged with certain constituents which require elimination, but which, owing to the paralysed and congested condition of the organs by which they are eliminated, have not been eliminated by them since the full development of the disease. Bearing this in mind the physician should make particular inquiries as to which of

the organs are most affected. As a general rule he will find that the brain, the kidneys, the stomach, the colon, the small intestines, the liver, the lungs, the buccal cavity, the eyes, the skin, the reproductive organs are affected, and that the frequency with which they are affected will be in the order in which they have been named. We would draw the attention of the practitioner to the following remarks which we made about the sequelæ in this journal in 1869:

The most frequent and the most formidable sequelæ are the affections of the brain and the kidneys. It is generally supposed that the cerebral derangements are consequent upon and secondary to suppression of the urinary secretion. We believe, however, that the brain and the kidneys suffer primarily and simultaneously in the first instance, and that subsequently they react upon each other. The re-establishment of the renal secretion, which opens out a safety-valve for the elimination of the urea and other deleterious products of tissue-waste, very often succeeds in relieving the cerebral organs. Hence it is that after the subsidence of the violent symptoms, the purging, the vomiting, and the collapse, the first thing that is most anxiously and with just concern looked for, is the appearance of the urine. Nevertheless it is not invariably that the restoration of the functions of the kidneys is followed by clearance of the cerebral symptoms, which may go on increasing to the extent of culminating in death, in spite of copious emissions of urine. This proves one of three things—either that the brain has been independently affected, or that its derangements have proceeded so far as not to yield to depurating processes going on in the blood, or that the urine secreted is simply the water exuded from the blood, and does not contain its proper constituents.

Next in order of frequency (under ordinary allopathic treatment) though not the next in point of gravity, are the derangements of the digestive apparatus. Hiccough, retching, bilious vomiting and diarrhœa, tympanites, even gastritis, enteritis, and dysentery, these are the various forms which these derangements assume. Considering the rapidity with which the digestive organs, which have been the focus as it were of the disease, resume their normal state and functions, we are strongly inclined to believe that the gastro-enteric derangements which follow the reaction of cholera are chiefly due to the treatment adopted; and we are confirmed in this view by the fact that these derangements are rare occurrences under homœopathic treatment.

We have next to direct our attention to fever of an adynamic type which not unfrequently sets in after reaction, which, in fact, is an exaggerated form of reaction, being only an expression of an abnormal excitement of the circulatory system. This fever may be *sui generis*, or an accompaniment of congestion of the viscera. The latter, however, may be present without there being any fever associated with it, and *vice versâ*. Nevertheless, in treating this fever, it is necessary to institute a searching examination of all the organs, in order to detect any congestive or inflammatory process that may be going on in them.

Asthenia, though not a very frequent, is nevertheless almost invariably a fatal, sequela of Cholera. It seems to be a continued imperfect reaction. It is indicative of a most profound depression of the nervous system. The patient, in spite of the food that he takes and apparently digests, not only does not improve, but day by day loses ground, becomes weaker and thinner, till at last he dies as if of inanition. In the course of this, abscesses form in various parts of the body, the corneæ become ulcerated and ultimately slough out. The first sign of asthenia in a Cholera patient is a congestive condition of the conjunctivæ associated with want of lustre in the corneæ, the lower margins of which will be found, on close inspection, to have become whitish, and either already invaded by an ulcer or about to be so. In females, in addition to this state of the eyes, there is very often hæmorrhage from the uterus. The parotid glands seem to be the first to suffer from the suppurative process set up in the economy. Bed sores as a rule are formed on the nates. They also form over the scapulæ. In the worst cases, these parts become sloughing and even gangrenous. The mucous membrane of the oral cavity becomes red and ulcerated. The gums become spongy and swollen, and blood may ooze out, and even hæmorrhage take place from them. Cancrum oris is not unfrequently met with, and most especially in cases where calomel has been largely used.

In the treatment of Cholera, in all its stages, but especially in the stage of sequelæ, the practitioner should bear in mind one circumstance which has an important bearing upon the disease, and therefore necessarily upon the management of it. This is the probable complication of the disease with the existence of worms in the intestinal canal. This is a most troublesome, and often, especially in young children, a most

dangerous complication. In Bengal this is a most frequent complication too. Of late years helminthiasis figures largely in the statistics of disease of this country. It would seem that hardly any native of Bengal is free from intestinal parasites. A single dose of santonine would, we are sure, expel at least half a dozen of lumbrici from any one's bowels. We do not know to what particular cause to attribute this. We believe it is due to bad drinking-water aided by the immoderate use of sweetmeats. It is a notorious fact that water in Lower Bengal, whether of tanks or of streams, has sensibly deteriorated.

A CASE OF CHOLERA.

Reported by BABU JADU NATH MUKERJI.

NIBARANI, a female, aged about twenty-two, has been suffering from indigestion and looseness of the bowels since the birth of her last child, which is only a month old. She was first attacked with choleraic symptoms on the evening of the 5th December, 1883. Had two very large motions from evening up to midnight, when she became so much exhausted and alarmed that an amateur homoeopath in the neighbourhood was sent for, who, finding the patient very much depressed and suffering from predominant cramps, ordered *Cuprum* 6, of which she took three doses before I was called in.

6th Dec.—I saw her at about 5 a.m. in the morning, and learned that the last dose of *Cuprum* made her worse, so much so that her parents thought her to be dying. In fact I found her in a condition bordering on collapse, with a cold, clammy skin, sunken eyes, and a pulse barely perceptible at the wrist. She had besides some cramps, which were not violent; there was great exhaustion though not much thirst; features indicative of anxiety, with blue nails and shrivelled fingers. On further inquiry I learned that her depression was great from the very commencement of the attack, and it was quite out of proportion to the number of stools she had. Has had no more stools since midnight, although she vomited once after the last dose of *Cuprum*. Ordered *Camphor* every half-hour until the skin becomes warm.

Dr. Sircar came to see her at about half-past 7 a.m., soon after I left the patient's house. Finding no change for the

better in the condition of the patient—on the other hand there having occurred vomiting after the second dose of *Camphor* before his own eyes—he ordered *Veratrum* 6.

10.30 a.m.—Saw the patient with Dr. Sircar. The report was that she had had two more watery motions since last report, and had taken two doses of *Veratrum* altogether. Pulse at the wrist quite distinct and fair. Repeat medicine if there be more motions.

Evening, 4 p.m.—No more stools since we saw her last, but she had cramps now and then, which made her fingers keep wide apart. Ordered *Secale* 30, after consultation with Dr. Sircar.

6 p.m.—Called with Dr. Sircar and found the cramps very much less. Repeat another dose of the same medicine.

10 p.m.—I saw her once more at this late hour in the evening, and found her decidedly better in every respect. Has had a stool just now, which consisted of shreds of mucus, and looked white but thicker in consistence. Repeat another dose of *Secale*.

7th, Morning.—Kept very well during the night, no stool, no cramps, she only complains of burning pain in the vertex. Also some retching and thirst. No urine yet. Ordered *Canth.* 6.

Evening.—Is getting on nicely, no stool nor urine yet. Had two doses of *Canth.* during the day. Ordered to have another dose at 6 p.m.

8th, Morning.—Passed a good large quantity of urine at 3 a.m. this morning, constant fermentation in the abdomen with discharge of foetid flatus, but no stool. Ordered *Chin.* 30, and sago-water as her food.

Evening.—Had three doses of *China*. The flatulence seems not to trouble her any more. Omit medicine.

9th, Morning.—Made water freely at night after an interval of twenty-four hours. No stool, complains of soreness at the corner of the eyes from constant lachrymation. Ordered *Nat.-Mur.* 6 every four hours up to three doses.

10th.—Report came that she was all right and required no further attendance on our part.—*Calcutta Journal of Medicine.*

A CASE OF CHOLERAIC DIARRHŒA IN A CHILD.

Reported by BABU JADU NATH MUKERJI.

H., three years old, the child of a Kaviraj, began to pass loose stools from 4 p. m. of 24th November, while he was playing lustily, without any apparent illness.

I first called to see the child at about 1 o'clock in the morning. I found him sleeping soundly, and was told that he had several stools up to this hour. The last stools were watery, containing flocculi, as in cholera. After the three first watery stools he had two drops of *Camphor* given to him, since when the stools have become scanty, though of the same character. Several thread-worms were observed with the stools. Pulse was full and excited. No urine since evening. Ordered to have another dose of *Camphor* if necessary, and a dose of *Cina* after that.

Nov. 25th, 8 a. m.—Had three or four stools since I saw him last; they were painless, and consisted of serum and shreds of epithelium. Had one dose of *Cin.* 6. Temp. 96.5, although the pulse was quicker and fuller than natural. Retching at times preceded by cough. Ordered *China* 30, to be repeated if necessary.

11 a. m.—Saw him with Dr. Sircar. The father said that since he took *China* 30 there was no regular motion, but some oozing of mucus from the anus occasionally. The cough and retching continue as before, made water once in the morning. Dr. Sircar suggested *Ipecac.* 6, should the retching persist.

Evening, 6 p. m.—Involuntary oozing from the anus continues, retching less. Had two doses of *Ipecac.*

26th, Morning.—Stools greenish, retchings few and far between. Temp. continued subnormal throughout yesterday, now it is normal. *Ricinus* 3.

Evening.—Had two doses of *Ricinus* without any perceptible benefit; tip of the nose red. *Calc.-C.* 6.

27th, Morning.—Report came this morning that he had no stool since he took *Calc.-C.* 6, one dose; no more redness of the nose visible.

From this day we ceased our attendance, and the child required no further medication.

Remarks.—Redness of the tip of the nose associated with greenish stools, and the fact that the child had grown rather rapidly, led us to the selection of *Calcarea*, in preference to all others, and the result justified the propriety of the selection.—*Calcutta Journal of Medicine.*

A CASE OF CHOLERA.

Reported by BABU HEM CHANDRA RAI CHAUDHURI, L.M.S.

A HINDOO lady, aged sixty, went on pilgrimage to the different shrines of the North-West, and while returning to Calcutta, halted at the Mokamah station on the morning of Saturday, 7th April, 1883. At this place cholera was then fearfully raging with epidemic virulence. Perhaps she contracted the disease here, because from the very evening she began to feel unwell and had two or three motions, which though loose were still not of such a character as to arouse suspicion. In the train she had one more stool, and arrived home on the morning of 8th April quite exhausted, and had to go to stool just after her arrival. Even with this stool she passed water. She had another stool after this, and did not pass urine. Without telling anything about her complaint to any member of the family, and thinking it to be nothing serious, she bathed. After bathing, the disease took a more serious turn, and had a stool at 8 a.m. profuse and watery; no urine was passed with the stool. *Camphor* ϕ was given.

9 a.m.—One stool, watery. *Camphor* ϕ .

At 10.30 a.m. she had another stool of tolerably large quantity. I saw her at this time. Pulse fair, and vomited a little watery mucus. *Camphor* ϕ was continued.

At 11.15 a.m., stool like rice-water as before.

11.30 a.m.—Stool copious and of the same character. *Camphor*. A little water was vomited after two or three minutes.

12 m.—One stool and vomited once. Two more copious stools at an interval of five minutes, pulse weak. *Veratrum* 6.

12.45 p.m.—One stool and vomited once, slight cramps in the legs and feet. *Veratrum* 6.

1 p.m.—One copious stool about half a powah. The stools are all painless. Pulse weak. *Veratrum* 6.

1.45 p.m.—A small quantity of water was given to drink, but it was immediately after vomited.

2.50 p.m.—A copious stool about half a seer. Pulse thready, *Veratrum* 6.

4.30 p.m.—Pulse almost imperceptible at the wrist. *Acon.* ϕ .

Then she had frequent small stools. Head and body warm, but the extremities were cold. Dr. Sircar, who came to see her about this time, advised the application of cold water to the head and chest.

5 p.m.—*Acon.* ϕ was repeated. The stools, though not

perceptibly less in number, were in very small quantity. Burning of the body and very great thirst. To take ice *ad libitum*; apply cold water on the head and body, and heat to the extremities.

7 p.m.—Symptoms all the same. *Ars. 12.*

9 p.m.—The same as before. The cramps are very slight now and then. *Ars. 12.*

1 a.m.—The symptoms same as before, with slight difficulty of respiration. *Acid Hydrocyanic 6.*

3 a.m.—Same as before, the difficulty of respiration still continuing. *Acid Hydrocyanic 6.*

4 a.m.—A copious stool. The symptoms are worse. Formerly she could speak a little, but now almost no voice is heard. Little drowsy.

5 a.m.—Another copious stool, and in the interval had several frequent stools. *Ars. 6.*

5.30.—The stools are very small in quantity, but not so frequent. Other symptoms are all the same.

9th April, 6 a.m.—Removed to the riverside.

8 a.m.—Patient seems better; pulse distinctly perceptible at the wrist. Much retching and little vomiting; burning and thirst as before; had no stool. Ice was given; no medicine.

During the whole day she continued in this state. Dr. Sircar saw her in the evening and approved of the discontinuance of medicine. Had one stool immediately after we came away and once in the night; consistency thicker and of a slight yellowish colour. *Diet, Sago-water.*

10th April.—The same as on the previous day, no stool. Brought out a large round worm from the mouth. To have *Cina 30.* *Diet, Sago-water and Gandhal soup.*

11th April.—Burning of the body less, passed water yester-night. During the day time also passed water twice, profuse in quantity. Doing well. *Diet, Sago-water and Gandhal soup.*

After a few days she was brought back home from the riverside.

Remarks.—In this case the medicines prescribed evidently did no good. The recovery of the patient was due most probably to her removal to the riverside. We have had instances in which such removal, and even removal from one house to another, was followed by amelioration in the condition of the patient and ultimate recovery.—*Calcutta Journal of Medicine, December, 1883.*

THE CHOLERA CLINIC.

THE *Medical Counselor* lately—June 15th—brought a collection of clinical notes on the treatment of Cholera, and these we proceed to appropriate. Many thanks, friend Arndt.

Chin.-Sulph.

Cholera has the following precursory symptoms: Great sensitiveness against external influences; general weakness; internal bad feeling of coming illness; anxiety, down-heartedness, moroseness, despondency, laziness, and lassitude; aversion to all kinds of work; chilliness, especially in the back, alternating with flashes of heat; heaviness in the head as from a cold; loss of appetite, loathing, and nausea; pressure in stomach, worse after drinking water; pressure in pit of stomach up into throat; pain in bowels, especially after eating; constipation or soft stools followed by weakness; heaviness and aching in all the limbs, especially in the joints. For this precursory stage, which in the different single persons, of course, consists only in a part of symptoms, I gave *Chin.-Sulph.* 0·01—0·06, one dose every evening, for eight days. None of the patients thus treated was attacked by cholera. If I ever should live to see another cholera epidemic, I would give *Chin.-Sulph* and *Ozonised water*.—*Ægidi.*

Asarum Europæum.

This remedy, without being a cholera-remedy proper, is worthy of careful consideration during a cholera epidemic. It acts truly specifically. 1. In nervous and timid persons, who most always suffer from coldness, shivering, and even icy coldness of certain parts, as hands, knees, feet, or external abdomen. This annoying coldness is not relieved by the application of external warmth or dry covering heavily, even if the latter is continued long enough to force perspiration. 2. In a sort of stomach-sickness of certain persons. While no gastric disturbances exist, this sickness, often decided nausea, without actual vomiting, often leaves the patient for a short time only, if at all; it destroys the appetite, or if the patient forces himself to eat, appears immediately, with aversion to the food eaten, or to all food; the tongue remains perfectly clear, and there are no gastric symptoms. The common rumbling in the bowels is accompanied with sickness at the stomach.—*Gerstel.*

Cholera—according to Raue—in nervous and timid persons who constantly feel chilly, or complain of cold hands, feet, knees, or abdomen, even the hottest room or warmest covering does not relieve this chilly feeling; constant nausea, with loss of appetite or loathing of food, without any gastric derangement; perfectly clear tongue; rumbling and gurgling in the abdomen, attended likewise with nausea.

Cantharides.

When the bladder becomes affected, as a sequela of cholera, and to the symptoms of cystitis are added rumbling in the bowels, stools preceded by tenesmus, and at times bloody, heat in the bowels and a spasmodic burning deep in the bowels, *Cantharides* 30 should be used.—*Quin.*

In Breslau, 1837, there occurred often, some twelve or fourteen hours after the choleraic stools had ceased and natural warmth had returned, an indescribable sensitiveness of the abdominal covering and a burning pain around the navel and in the right hypogastric region, while the urine was voided drop by drop, and with violent burning. *Cantharides* 3 gave excellent results, as also observed by Rummel.—*Lobeth.*

CASE.—In one case where the purging, vomiting, and cramps were checked, and there remained great restlessness, rolling and tossing from side to side, constant sighing and great thirst, *Canth.* 3 was given every half-hour until urine was voided (none had been passed for two days). After two doses the kidneys became active, and recovery was rapid.—*Dr. John T. Temple.*

Antimon.-Tart.

In cholera morbus or Asiatic cholera, tartar emetic may prove serviceable. We have seen that a poisonous dose of tartar emetic may induce vomiting and diarrhoea, cramps and burning at the stomach, cramps of calves, collapse of pulse, prostration, and coldness of the skin. These symptoms undoubtedly determine a certain degree of homœopathicity of tartar emetic to cholera. However, it may be proper to modify the teaching. If cholera morbus is the result of rheumatic exposure, or of miasmatic influences, tartar emetic may be indicated; *Aconite* or *Arsenic* may be required. The determining cause of an attack of cholera to which tartar

emetic is homœopathic, may be a fit of indigestion, arising from the use of improper, indigestible food.

A strong man, twenty-five or thirty years old, had been sick for eighteen hours. Symptoms.—Cannot feel the pulse at the wrist, and only a slight, feeble motion at the carotids. Has had from twenty to thirty passages in the night; in the morning, vomiting and cramps in the arms and legs. The countenance looks deathly pale, covered with bluish spots, disfigured, cold; the eyes are sunken and surrounded with dark rings. The tongue is cold, pale, thin, covered with thin slime; the body is cold over the entire surface and pale. He is drowsy; the eyes are half-closed, but he shows full consciousness when he is addressed; tonic spasms in the arms and legs, especially in the forearms and in the calves; indescribable anxiety and oppression on the chest, sighing and groaning; feeble, hollow voice; no pain at the epigastrium or in the bowels; rice-water discharges, extreme prostration. Prescribed *Antimonium Tart.*, one twenty-fifth of a grain every fifteen to thirty minutes; also rubbing the body with heated alcohol. After four hours, return of the pulse, gradual return of warmth, and convalescence after the use of half a grain of the drug.—*Knorre*.

CHOLERA.—It was very highly recommended in this affection, particularly for the vomiting, but unfortunately the results obtained were of a negative character. In cholera morbus, however, it has often proved serviceable, particularly for vomiting of food with great effort, followed by prostration, chilliness, and sleepiness.

Veratr.-Alb.

CHOLERA.—In genuine Asiatic cholera *Veratrum* meets these symptoms. Fear of death or indifference; eyes sunken; nose grows more pointed, seems to be longer; face cold, sunken; great thirst for cold water, and vomiting after drinking; the discharges are gushing, profuse, rice-water like, with cramps and colic in the bowels; coldness, cramps, and cutting as with knives in the abdomen; tongue pale or bluish; voice feeble and husky; very anxious oppression and constriction of the chest; tonic cramps commencing in the hands and feet, gradually spreading all over, with cold perspiration; pulse small, threadlike. Dr. Bayes says: "I can also fully corroborate the experience of others as to the curative power of *Veratrum* in choleraic diarrhœa, even in

A A

true cholera and with rice-water discharges, both by vomiting and from the bowels, with cramps and coldness and blueness of the extremities. Muscular cramps knotting the muscles of the abdomen or of the legs also demand *Veratrum*. In these choleraic or cholera cases I have relied chiefly on the first to third dilutions, given after every evacuation till warmth resulted. Other men of high-dilution tendencies speak equally high of the 30th, or even higher dilutions."

A woman was taken with an attack of sporadic cholera some twenty-four hours ago. Symptoms.—Disfigured, hippocratic countenance, constant groaning; anxious, restless, tumbling about; cramps in the hands and feet; moaning with pain in the bowels; speechless; vomiting with watery, yellowish liquid, even on the empty stomach, but especially after drinking, with violent retching, preceded by increased restlessness; involuntary evacuations of watery stools; death-like coldness of the entire body; cold perspiration on the face. The pulse cannot be examined on account of her restlessness. *Veratrum* 12, one drop in water, produced an improvement within three days.—*Rummel*.

CASE.—Had been sick twelve hours. Profuse rice-water dejections every fifteen or twenty minutes, with slight burning in the anus; frequent watery vomiting, especially after drinking; excessive thirst for cold drinks; nose and ears icy cold; body and extremities tolerably warm; chilliness on motion; tongue moist, slightly furred; soft, accelerated pulse; dry skin; violent tonic cramps in calves, thighs, and masseter muscles, occurring after vomiting or purging. Tinct. *Veratr.-Alb.*, and in an hour the patient was convalescent.—*Dr. Jos. T. Curtis*.

CASE.—S., aged thirty-seven. Early in morning was taken with purging and vomiting; rice-water discharges so thin and profuse that they had run through a feather-bed; was so weak after the first discharges he never arose to evacuate, and they came involuntarily; no pain; indifferent, quiet; eyes sunken, pulse slow, and occasionally a deep respiration; hands bluish, clammy. *Camph.* every five minutes until reaction set in, which was in less than an hour, and then *Verat.-Alb.* 30 every thirteen minutes. He was so well by night that the city authorities insisted he had not had cholera.—*Dr. Jas. H. Payne*.

CASE.—Jahr gives, against the cholera-diarrhœa, *Veratr.* 12, two pellets, dry, on the tongue, after every stool; and commonly one or two doses suffice to check the whole disease.

A woman, taken down with this diarrhœa, recovered quickly from one dose, but eating plentifully of cucumber salad two days afterwards, got a relapse. Living at a great distance from her, another physician gave her *Cuprum* and then *Arsenicum*, in drops, of one of the low dilutions; but, steadily getting worse, I was called in and found her suffering from genuine cholera—rice-water, vomiting, and stools; pulseless, and greatly agitated, which excitement she felt since taking the last remedy (*Ars.*). *Veratr.* 12, dry, on the tongue, rescued her quickly from all danger, for after four hours the pulse had returned, vomiting and purging had stopped, and the skin was warm again. Next morning she was well.

A man, fifty years old, thin in flesh, has been sick for three days, in consequence of taking cold of fright, with the following symptoms: During twenty-four hours he has had from ten to twenty watery, greenish stools, preceded by severe umbilical colic, causing him to cry out and producing copious perspiration; tenderness of the lower abdomen to touch; tense state of the epigastrium and of the right hypochondrium, sensitive, cannot bear pressure; frequent and bitter vomiting after drinking; dryness of the mouth; yellowish, somewhat moist coating of the tongue; hoarseness; roaring in the ears; vertigo; violent cramps in the calves of the legs; moderately frequent, hard and pretty full pulse; rather cool state of the skin. Prescribed *Veratrum* 3, one drop. The vomiting and diarrhœa ceased within a couple of hours, the other symptoms disappeared in twenty-four hours, and he was discharged cured.—*Schnieber.*

Cuprum Acet.

Many of the symptoms of copper point to cholera with great prostration and coldness of body; cramp in the calves and toes; horrid colic; suffocation and syncope.

A young soldier in Louisiana was brought into the regimental hospital with "congestive fever," simulating cholera; there was a deathly feeling behind the ensiform cartilage (this symptom is claimed to be a keynote to the remedy); the whole surface of the body, face, and limbs, was cyanotic in a high degree; the features were pinched; the skin cold and inelastic; there were horrid cramps in the abdomen and limbs, with rice-watery vomiting and purging. *Cuprum aceticum*, 2nd decimal, in repeated doses, dry, relieved these

symptoms, leaving him weak but without pain.—*Am. Jour. Hom. Mat. Med.*, May, 1868.

CHOLERA.—Case 92.—Dr. J. T. Temple informed me that he cured *Cholera* with *Cupr.*, upon the keynote, “a deathly feeling with pain behind the ensiform cartilage” (covering the spot with his doubled fist as he spoke).

CASE.—A young soldier on the Mississippi had measles, pneumonic symptoms, and copious drenching with Mercury, Castor-oil, Turpentine, etc. I found him lying in a bunk, with this “deathly feeling” and constriction (of the diaphragm?), his face expressive of the same; lips cyanotic; breathing only, as it were, by *voluntary* efforts; and rolling alternately, each time his chest heaved (far between), from right side to back, and from back to right side again. Pulse thready, tense, 120 per minute. *Cup. met.*, 6th dec., every three hours, dry. Next day convalescent, having rapidly improved from the first dose. I have frequently found it necessary to follow *Cupr.*, given low, with *Arsenicum*.

CASE.—The regimental sutler also having these symptoms, was relieved by *Cupr. ac.*, 3rd dec., as in the other case. Afterwards had great prostration, sighing breath; relieved by *Arsen*.

No one under the influence of this medicine has taken the disease. Used *Crot. tig.*, *Ars. alb.*, *Ver. alb.*, *Cupr. met.*, *Camphor*. The rate of mortality under homeopathic treatment was not half that under allopathic.—*J. P. Dake*.

Jatropha.

Asiatic cholera in its first stage, with well-marked symptoms of gastric irritation, and the indications given above, the discharges from the bowels often resembling in appearance the white of egg.

A woman twenty-two years, was taken with cholera while she was menstruating. After thirty hours she presented the following symptoms: Menses have ceased; continuous vomiting and diarrhoea of a clear, odourless white substance; cramps in the calves and in the muscles of the arms; coldness and bluish-mottled appearance of the entire body, which is bathed in cold, sticky sweat. Pulse cannot be felt; abdomen drawn in, insatiable thirst; she attempts to relieve a burning distress in the bowels by lying with the naked abdomen upon the cold floor. Exaltation of the mind, so that she seemed to take no notice of the cramps and other

pains. Prescribed *Jatropha* 24, in repeated doses. On the following morning she relished her food, but had much hiccough, followed by bilious vomiting. Menstruation returned, and she recovered.—*Ruekerts Klinik*, Vol. I., p. 945.

A boy of fifteen years, thin, irritable, self-willed, active, was taken with violent vomiting towards 5 p.m. On account of unusual weariness he had taken a nap after dinner. After sleeping one hour he awakened with severe pressive pain in the stomach, and profuse vomiting of a watery substance, which was repeated three times in an hour. Between these spells he had copious, watery stools, with subsequent spells of fainting. Towards evening great exhaustion, despondency; low temperature of the body; coldness of hands and feet; weakness of the pulse; the tongue was moist, the countenance sunken, the nose pinched, eyes hollow; cramps in the calves of the legs; pressure in the pit of the stomach; burning in the pharynx and stomach; violent thirst. Prescribed one dose of *Jatropha* 9, followed by a dose of the 15th after vomiting and after stool. Improvement commenced at 9 p.m., and he was discharged cured on the third day.—*Hencke in Allg. Hom. Zeitg.*, p. 163.

Secale.

Cholera, especially in the second stage. There is little or no vomiting, but there are constant alvine discharges, with little colour, preceded by rumbling in the bowels, and followed by great prostration. Spasms; rapid collapse. *Secale* is especially valuable when there exists a general torpor, and when there is little tendency to reaction, and symptoms of paralysis and retention of urine appear.

A man of fifty-five was taken with cholera on August 20th. Constant evacuations from the bowels, first natural, then slimy, at last watery. The tongue has a thin white coating; pointed. The last is flat; much thirst; loss of appetite; dull headache. The body is cool; no fever. Prescribed *Veratrum* 10.

August 21.—Inodorous, frequent rice-water discharges. Prescribed *Veratrum* 10, and *Phosphorus* 10, in alternation.

August 22.—The patient is failing; thirst increased; tongue moist. Pulse feeble, not feverish; skin wrinkled, moist. Prescribed *Acid.-Phosphor.* 6.

August 23.—General condition worse. The tongue is more pointed, dry at the tip and in the middle. *Rhus* 6.

August 24.—The evacuations as they were on the first day; tongue moist, not so pointed as it was yesterday. Intense thirst; increasing prostration; pulse smaller than yesterday; great emaciation; fears of death. Prescribed *Secale 6*, in water; a spoonful after every evacuation. The evacuation ceased after the first dose. Immediate improvement, and cure in three days.—*Gerster in Allg. Hom. Zeitg.*, xlix. p. 27.

THE HOMŒOPATHIC TREATMENT OF DIARRHŒA AND CHOLERA.

By GEORGE LADE, M.D., L.F.P.S.G., L.S.A.

I. DIARRHŒA.

1. *What it is.*

DIARRHŒA is simply a relaxed condition of the contents of the intestinal canal. It is of great frequency in this country, especially during the latter months of summer and autumn, both as an independent disease, and as an accompaniment of other derangements of the system. In the latter case it is often a prominent, if not an invariable, feature of Cholera, usually preceding the latter complaint for hours or even days, and continuing throughout the whole progress of the malignant disease as one of its most alarming and exhausting symptoms.

Promptly and properly treated Diarrhœa is happily well under the control of homœopathic medication, and all experience proves that if the liquid discharges that are the forerunner of Cholera be arrested by that means the graver symptoms of the more formidable complaint will rarely or ever be developed.

Such being the case, it is very desirable that no bowel complaint occurring during the prevalence of Cholera should be neglected, for, however trivial the alvine disturbance may seem, it may be the insidious precursor of a most dangerous illness.

2. *Its General Treatment.*

In all attacks of Diarrhœa the recumbent or semi-recumbent posture should be maintained until the disease has subsided. The patient's body and limbs should be kept comfortably warm. In severe cases it is advisable to foment

the abdomen with flannels wrung out of hot water every three or four hours, for ten or fifteen minutes at a time, and to wear a flannel belt or warm-water compress in the intervals.

No solid food, vegetables, fruit, or malt liquors should be taken. Boiled milk, or good fresh gravy divested of fat, with or without well-boiled arrowroot, corn-flour, rice, or sago forms the best diet in most cases. These articles, however, should be partaken of rather sparingly than otherwise. In some cases, especially at their inception, a little brandy and water may be given with advantage; but, as a rule, the most suitable beverages in Diarrhœa are boiled and well-filtered water, and cold toast-water made by pouring boiling water upon a small piece of deeply-charred bread-crust.

3. *Its Medicinal Treatment.*

Owing to Diarrhœa arising from so many different causes, and to its assuming so many forms, a somewhat long list of medicines sometimes requires to be consulted before the most appropriate homœopathic remedy is found, but as a large number are more likely to perplex the non-professional reader than to help him to prescribe for himself or others with precision, we shall enumerate a very few only of those which have hitherto been most frequently called into requisition by the experienced homœopathic practitioner.

These medicines are:—*Camphor*, *Arsenicum Album*, *Iris Versicolor*, *Mercurius Solubilis*, *Mercurius Corrosivus*, *Podophyllum*, and *Pulsatilla Nigricans*.

Camphor is an excellent remedy in the early stages of Diarrhœa arising from cold, and in the Diarrhœa of Cholera (see *Camphor*, page 362).

Arsenicum Album is very suitable when the motions are watery, brown or greenish, corrosive, offensive, preceded by colicky pains; often accompanied by vomiting; worse after meals and at night; the tongue is generally clean, dry, bluish, or preternaturally red; and there is more or less thirst.

Dose.—Mix twelve drops with twelve dessert-spoonfuls of water, and take a spoonful every two or three hours and after each motion, gradually extending the intervals between the doses as the disease subsides. This dose is an appropriate one for an adult; a teaspoonful or less may be given to a child.

Iris Versicolor is a remedy of the most undoubted power in Choleraic Diarrhœa, and in the ordinary bowel disorders of hot weather. According to the author of "Practical Notes on the New American Remedies," it "holds a first place amongst them since Dr. George Lade published his great success with it in the treatment of autumnal Diarrhœa and Cholera in 1865." The remedy is to be preferred before all others when the symptoms are more or less similar to the following: Evacuations profuse, watery, papescent, painless, brown, or yellow, and leaving a slight burning sensation in the anus after each passage; preceded by an uneasy rumbling or griping in the bowels; accompanied by nausea or vomiting, more or less thirst, unimpaired appetite, and clean or slightly furred tongue.

Dose.—As directed for *Arsenicum*.

Mercurius Corrosivus.—This medicine is usually indicated when the discharges are either copious or scanty, watery or frothy, yellow or green, slimy or bloody; preceded, accompanied, and followed by pain and forcing; occasionally attended with vomiting and fever; worse in the open air; the tongue is mostly covered with a whitish fur and slightly swollen; and the breath is rather offensive.

Dose.—As directed for *Arsenicum*.

Mercurius Solubilis is preferable to the foregoing medicine when the forcing or tenesmus at and after each stool is little marked, when the motions are chalky-looking, and when the digestive organs, and especially the liver, are out of sorts.

Dose.—Take about two grains, or as much as will lie on a threepenny piece, dry on the tongue every three hours and after every motion.

Podophyllum is indicated when the motions are of a dark yellow or brown colour, emitting a pungent carrion-like odour; worse in the morning and after meals; with a tendency to prolapsus of the anus; brownish coat on tongue; dry mouth and thirst.

Dose.—As directed for *Arsenicum*.

Pulsatilla Nigricans is exceedingly useful when the purging has been caused by eating rich or indigestible food, such as meat pies, pork, and stews. The motions are bilious, slimy, or bloody; there is more or less nausea, with sour or bitter eructations; chilliness, and an absence of thirst.

Dose.—As directed for *Arsenicum*.

II. CHOLERA.

1. *What it is.*

Cholera presents itself in two forms in this country—1st as *English or Endemic Cholera*; and second as *Asiatic or Epidemic Cholera*. The former is chiefly met with in summer and autumn, and rarely proves fatal, except when improperly treated, whereas the latter may occur at any season of the year, and is usually attended with considerable mortality, especially when subjected to the empirical medication of the ordinary allopathic practitioner.

The symptoms of the two forms of the disease are very similar, and for all practical purposes they may be considered identical. At first the patient has usually more or less looseness of the bowels, indistinguishable from the commonest attack of diarrhœa. Should this premonitory warning be neglected or mismanaged, in a few days, or even hours, the patient is suddenly seized—generally in the night—with severe and almost incessant vomiting and purging, the discharge from the bowels consisting principally of a dirty-looking liquid, with a number of whitish flakes, like bread crumbs or broken rice kernels, floating about in it; cramps in body and limbs, and urgent thirst. More or less rapidly the pulse becomes feeble, and the muscular system completely prostrated; the skin assumes a leaden hue, shrivels up, and is cold and clammy to the touch; the features become sharp and pinched, the voice grows feeble, hoarse, and almost sepulchral; the tongue is purple and cold; the eyes are fixed and glassy, and deep in their sockets, and surrounded by dark circles; the urine is suppressed; and a peculiar restlessness distresses the patient.

At this stage of the disease the patient may rapidly recover. The vomiting and purging subside, warmth returns to the surface, the craving for water ceases to be urgent, the cramps die away, urine flows, bilious evacuations take place from the bowels, and the appetite returns. But in many cases there is only a partial restoration, and the patient glides into fever of a typhoid type, which after lasting from four to eight or nine days, terminates either in gradual or complete recovery, or in delirium and death.

A somewhat rare form of cholera is attended with little or no purging or vomiting. The patient is suddenly prostrated: from the first his skin is deadly cold, and his muscles tortured

with intolerable cramps, and coma soon carries him beyond the reach of care and pain.

Its General Treatment.

The patient, if not already in bed, should be undressed and put there at once. Bottles of hot water, or hot bricks, wrapped in flannel should be applied to the feet, legs, and sides of the body. Friction with the open hand, or with a flesh brush; or with a piece of coarse flannel saturated with equal parts of hartshorn and oil, turpentine and oil, brandy and water, or strong acetic acid and hot water, will promote warmth and materially mitigate the severity of the cramps. Hot fomentation to the abdomen for ten or fifteen minutes at a time, and repeated every two hours, or much oftener in urgent cases, are generally of the utmost service. Cold water that has been boiled and passed through a good filter afterwards, with or without ice, may be taken very freely, but in very small quantities at a time. Alcoholic stimulants are mostly condemned by the profession as worse than useless. When the disease has reached the stage of collapse we have no doubt their action is not beneficial, but we do not hesitate to say that we have had the most convincing proofs of their great efficacy at an earlier stage of the disease, especially when they were urgently demanded by the patients. Nature often tells the patient what is best for him, and we always listen and obey when her voice is unmistakable.

During convalescence the greatest precautions must be taken as to the amount and quality of the aliment taken by the patient. At first weak beef, mutton, or chicken tea, and milk and water, are alone permissible. Afterwards stronger animal soups, with rice, sago, or arrowroot puddings, may be gradually ventured upon; then fish and bread; and finally animal food with some good vegetables.

Its Medicinal Treatment.

Camphor, *Iris*—or preferably its active principle, *Irisin*,—*Arsenicum Album*, *Cuprum Metallicum*, and *Veratrum Album*, are the principal homœopathic remedies which have played the most important part in the treatment of cholera in every epidemic and in every country.

Camphor is undoubtedly a most valuable remedy for the disease, if given at the very outset of the attack. Some

physicians consider it of equal efficacy in all stages, but our experience does not confirm this. At the commencement of those cases in which there is little vomiting and purging, but great prostration and cramps, we know of no medicine that can be compared with it.

Dose.—Take from one to five drops of Rubini's Tincture on a small lump of sugar, every five, ten, or fifteen minutes, according to the urgency of the case.

Irisin, or Iris.—Having had very considerable experience of these preparations of *Iris Versicolor*, both in the treatment of English and of Asiatic cholera, we have no hesitation in expressing our belief that until the actual occurrence of the collapse stage, there are few cases which they will fail to benefit. And, unless there were the strongest indications for *Camphor*, we should be disposed to rely upon *Irisin* alone from the outset if we were attacked. The special indications for *Irisin* and *Iris* are these:—The occurrence of the disease in hot weather with premonitory diarrhœa of longer or shorter duration; a sudden increase in the discharges from the bowels; the motions becoming very profuse, watery, resembling rice water, and accompanied by persistent vomiting of a yeasty-looking fluid; cramps of the abdomen and limbs; bluish, cold, and clammy skin; cold flabby tongue; eyes sunk, and surrounded by a dark circle; burning sensation at the pit of the stomach; great thirst; suppression of urine, restlessness, etc.

Dose.—Mix twelve drops of the *Irisin* with twelve dessert-spoonfuls of pure water, and give a spoonful every five or ten minutes, until some sensible improvement is manifested; then gradually increase the intervals between each dose. The *Iris* may be mixed and taken in a similar manner, but our experience leads us to give a preference to *Irisin* in all cases of this disease.

Arsenicum Album is to be preferred when the disease is attended with a sensation of great heat in the bowels, and when the patient is constitutionally feeble, or has, previous to the attack, been exposed to the depressing influences of impure air, insufficient or decomposing food, or excess of any kind.

Dose.—As directed for *Irisin*.

Cuprum Metallicum is considered by many homœopathic physicians the best remedy when cramps constitute the most prominent feature of an attack. It is also much esteemed in the stage of collapse. Our own experience, however,

leads us to place more reliance upon *Veratrum* in the one case, and *Arsenicum* in the other.

Dose.—As directed for *Arsenicum*.

Veratrum Album, says Dr. Hughes, “stands next to *Camphor* in the certainty of its action in cholera, when restricted to its proper sphere.” Profuse vomiting and purging, with cramps, are its general indications. In some cases we found it necessary to have recourse to this remedy after exhausting the action of *Irisin*. In those cases *Irisin* removed every symptom of the disease, except the cramps, which, however, rapidly gave way to a few doses of *Veratrum*.

Other Medicines.—Besides the foregoing there are other medicines which the homœopathic practitioner may now and then find it necessary to administer in the treatment of cholera, but we believe the list we have given is amply sufficient for the consideration of the non-professional public, pending the arrival of a medical man, whose attendance should in all cases be obtained as soon as possible.

Its Causes and Prevention.

English cholera, like diarrhœa, may arise from mechanical or chemical irritation of the alimentary canal, from eating unripe fruit and from over-indulgence in stone-fruits, such as plums, damsons, cherries, etc. It is also unquestionably due to the action of some gases or germs that are produced by the decomposition of animal and vegetable matters.

Asiatic cholera may possibly under some atmospheric conditions be caused by similar agencies; but whether or no, recent investigations have established the fact that wherever certain micro-organisms exist, their introduction into the system of a healthy person is quickly followed by an attack of cholera. These micro-organisms are found in large numbers both in the blood and motions of the patient, and readily find their way to drinking-water or food.

Of the preventive measures which science and experience have pronounced to be the most effective, none is of greater importance than the avoidance of impure water. That procured from wells in the vicinity of cesspools or manure-pits must be especially shunned. When there is any doubt about the character of the water it should be boiled before being used. Persons who object to the flatness of boiled water may remedy this by pouring the water, while hot, upon a small piece of deeply-charred bread-crust, or by passing it, when

cold, through a good filter. We believe, however, the filter has yet to be invented that can destroy the disease-germs in water without the aid of heat.

All indigestible articles of food, such as pork, rich dishes, raw vegetables, unripe or decaying fruit, and "high" game or other flesh, should be avoided.

Cold and damp air or clothes, and everything that has a tendency to lower the vitality of the system, such as violent exercise, depressing emotions, and over-indulgence in food, alcoholic drinks, or tobacco, should be carefully guarded against.

Into every drain connected with the house a solution of chloride of lime—about four tablespoonfuls of the lime to half a gallon of water—should be poured three or four times a day; and if cholera be actually in the house, a portion of the lime solution should be added to every discharge that comes from the patient before being thrown away. If there be only an open privy attached to the premises, the disinfected discharges should be thickly covered with dry earth or ashes; but if there be a water-closet, the pan should be well flushed with water mixed with some of the lime solution after every time it has been used. Carbolic acid mixed with water in the proportion of one part of the acid to twelve parts of water may be employed to disinfect the discharges instead of the lime solution.

All soiled cotton and linen clothing should be left to soak out of doors in a large tubful of chloride of lime and water, in the proportion of two tablespoonfuls of the former to about a gallon of the latter; other soiled articles of dress, if plain, may be similarly treated, but if coloured they should be put into a hot oven or into a pot of boiling water for some time, or, which is preferable, they should be burnt without delay.

Permanganate of potash solution, as in Condry's Red Fluid, may be advantageously placed about the patient's room. Two washhand basins, half full of water, into which two tablespoonfuls of the Red Fluid have been added, should suffice for a good-sized apartment.

Every attendant on leaving the sick-chamber should thoroughly rinse his hands in a solution of the permanganate, in the proportion of a tablespoonful of Condry's Fluid to a gallon of water, or in one part of strong acetic acid to four parts of water.

Camphor, Cuprum, and Veratrum Album internally, and

flannel abdominal bandages containing discs of metallic copper, have been highly recommended on theoretical grounds as valuable preventive agents. Whether any of these remedies, with the exception of *Camphor*, is of any efficacy or no in practice we have never been able to determine; but we have long held that pure air, pure water, and pure food, together with moderation in all things, the avoidance of exposure to cold and damp, and the cultivation of a cheerful spirit, are the best, if they be not the only reliable, preventives of cholera and of all other diseases.

300, Bath Street, Glasgow, June, 1884.

RÉSUMÉ OF THE THERAPEUTIC RANGE OF PICRATE OF ZINC, WITH SOME CLINICAL CASES.

By HUGH PITCAIRN, M.D., Harrisburg, Pa.

USEFUL, I think, in paralytic affections. Brain fog. Nervous exhaustion from overworked brain and sexual excess. Chronic occipital headaches, periodic (almost specific), also headaches which occur in Bright's disease.

Threatened cerebral paralysis, especially in children, acting better than *Zinc* alone (*Hahn.*).

In cases of profound neurasthenia, when the nervous exhaustion has passed beyond the stage of erethism.

Seminal emissions.

Nymphomania, erotomania.

Tests were made with the first, second, third, sixth, and twelfth decimal attenuations. There appeared to be no verification of the symptoms above the third; the best results were received from the second trituration.

Clinical case of Hugh Pitcairn, M.D. :—

Mr. M—, aged thirty-six, merchant. Above the ordinary intelligence. Single; correct in his habits, but subject to nocturnal emissions since early manhood. They occur usually about three o'clock a.m., on an average every third night, leaving patient very weak and debilitated; aggravations at every change in the electric conditions of the atmosphere, especially in hot weather during thunderstorms and their approach. Never subject to self-abuse. Complains of loss of memory and energy; dull, heavy feeling in the

head ; sticky, pasty mouth ; dryness of throat ; poor appetite. Belching regular torrents of tasteless flatus after eating, followed by relief and diarrhœa. At other times inclined to constipation. Languid, heavy feeling throughout body. Dull, aching pain in back. Before coming to me received some relief from the use of Ferrous hyposulphites, prescribed by an old-school physician, but the emission continued as before.

I gave him *Nux.*, *Phos.-Ac.*, *Phos.*, *Lycop.*, *Conium*, *China*, *Chin.*, *Ars.*, *Carbo Veg.*, *Chamomilla*, *Sulphur*, *Puls.*, *Quinia Sulph.*, and other remedies, at different times, with little or no relief. *Quinia Sulph.* seemed to do most for him in relieving the annoying flatulence, but aggravated the emissions. Finally, I gave him *Picrate of Zinc*, second trituration. He steadily improved until, when last heard from, his health was good, better than for years past, and he was having an emission about once in six weeks. He is a very methodical person, keeping exact account of each emission for a year past. All his other symptoms have disappeared.

I have given the remedy to another patient, similarly affected, but, being impotent, without favourable results. He is improving on *Conium Mac.* For full proving see *Medical Counselor*, March 15th, 1884.—*Boericke's Bulletin*.

NOTES ON PREVENTION OF SEA-SICKNESS.

By A. MIDGLEY CASH, M.D., M.R.C.S.

Mrs. F. C. suffers most severely from sea-sickness whenever she takes a voyage.

The last time she crossed the Atlantic from America she was exceedingly ill, was confined to her berth the whole time, sick every day, and with such loathing of food that she could hardly take any nourishment, and landed consequently in so weak and exhausted a condition that it was not for some time that she was able to regain her usual health. Her last voyage was made six or eight years ago, and the misery and consequent weakness she endured were such that she entertained a lively dread of ever making another.

Unavoidable business matters, however, compelled her this last spring to attempt the crossing again, and in view of her

probable sufferings she sent for me to see if anything could be done to palliate, or at least take the edge off, the misery caused by what she termed "the awful illness" which she expected as surely as she went on board the vessel.

To this end I ordered her for a week before starting to take, three times daily, three pilules of *Cocculus Ind.* 2x, so as to prepare her for the uneven motion of the vessel. In addition I supplied her with a number of grain powders of *Apomorphia* 3x, to be taken when on board three or four times a day, if she felt the sickness coming upon her. I advised her also to provide herself with a number of tins of Brand's extract of beef, and to live on this for the first few days, keeping the recumbent posture as much as possible, not attempting to come to table at all, and not to leave her berth if the sea was violent.

The result, which I learnt from her on her return home some months later, was thoroughly satisfactory. She had carefully followed my directions. Shortly after leaving Queenstown, on the outward voyage, in the *Gallia* (a good boat, but not the steadiest of the fine *Guion* line—"the rolling *Gallia*," as it gets named), a violent head wind sprang up, which soon increased to a hurricane, and for thirty-six hours they had a rough time of it. The boat's wheel-house was broken up by the seas, the sails blown away, and several of the sailors blown from the rigging and injured. The captain said he had not crossed in a worse storm all through (this was in May). In spite, however, of these adverse circumstances, my patient did well. By means of the Brand's Extract she was able to take nourishment freely from the first, a few mouthfuls of this supplying her with support equivalent to a full meal without the trouble of moving, or disgust of taking food in the usual course.

She was able to be about most of the voyage, which was rough throughout; and while all the ladies, and many of the men, were prostrated with sickness, she got on comfortably, and was complimented on her good looks and healthy appearance. Instead of landing in a wretched, enfeebled condition, she felt well, and capable of at once proceeding with the business and many engagements which awaited her.

The return voyage, which was smoother, was also comfortably accomplished.

Mrs. C. told me that when she was at the worst she experienced a sensation as if she might be sick, but as if she had the power to control herself, and the feeling presently

passed off. It seemed as if the medicine fortified the system and steadied the head, while the concentrated meat extract kept up the strength and prevented the anæmia of the brain, on which the vomiting and vertigo are supposed to depend, and which is aggravated by prolonged abstinence from food.

Torquay, July 14, 1884.

DR. GARTH WILKINSON ON REVACCINATION IN SCHOOLS AND COLLEGES.

THERE is some talk of a house-to-house visitation of London in order to carry out vaccination and revaccination, and thus meet the present epidemic of small-pox.

In the course of the last ten years, during which I have given constant attention to the subject of vaccination, several instances have occurred in which vaccination and revaccination have been accompanied by eruptions more or less closely resembling the vaccine eruption, appearing on other members of the family, or on other children of the school. Some of these eruptions I have seen myself, and they were clearly vaccinal. Other cases have been related to me by parents whose children were at school during the last great epidemic. I have reason to think such occurrences were common, and that many suffered, especially in large schools. I bring the circumstance forward in the interest of vaccine science, and also in the interest of sanitary precaution. It has been occasionally alluded to in medical journals, but has not awakened the attention it deserves.

It cannot be denied by those who have not seen it. I have seen it. And it proves that the disease set up by vaccination, contrary to the opinion of Jenner, and the common opinion now, is a contagious and probably an infectious disease. How can it be otherwise? The disease from which it is derived is contagious, although possibly in different degrees. The vaccine pustule represents several diseases, and may affect other persons according to the kind which lies in it. It may give "pure vaccine" disease if the cow is the first source. It may give small-pox if small-pox passed through the cow, and called vaccine, be the origin. That it does spread itself there is no doubt. The very look of "pure vaccine pustules" suggests small-pox and infection. If you saw them on a person's body, and did not know that they are a product of

B B

medical skill, you would shun the person, and demand his quarantine. And wisely. They are of the nature and potency of a contagious epidemic, and tend to fill the town with the effluvia of vaccinal small-pox.

If private families do not object to introduce this epidemic, or this cluster of epidemics, into their homes and nurseries, they have a right to free action. But they ought to tell their neighbours what is going on. As to schools, the parents of all the children should be informed of what is about to happen; and the vaccinated children should undergo their contagious disease at home, and be sequestered there until their own eruptions, and those to which they give rise, have passed away: say, for safety's sake, for three months from the date of disappearance of the last spots. And the rooms should undergo complete disinfection. Personally, I would not allow any child for whose circumstances I was responsible, to inhabit a house with a vaccine patient or with a small-pox patient.

NEW SANITARY DANGERS.

ACCORDING to the *Times* it would seem that as soon as we have discovered and guarded against hitherto unknown dangers in our sanitary organisation, new ones are recognised of even more formidable character. The ubiquitous bacterium, which proves to be the germ of so many obscure diseases, has been found by M. Parize, a French savant, to take up its abode in brick walls, not merely between the interstices of the wall, but in the actual substance of the brick itself. Noticing some peculiar mark on the outside of the wall, he scraped a little off and placed it under a magnifying power of 300, the result of which was to show myriads of organisms moving about with extraordinary activity. It was the more singular that this red dust had been covered with a layer of lime a quarter of an inch thick. Under the impression that the bacteria might have been a superficial deposit, M. Parize then drilled a hole into the very centre of the brick, and, to his great surprise, discovered that the powdered material was full of the same living organisms, although not in such large quantities as in the external layer. To make sure that this was not an exceptional brick, he carried on his experiments at various places in the walls—and always with the same result, that the bricks were

more or less impregnated with bacteria, which appear to flourish equally well in a brick wall as in a saucer of some fermenting substance. There can be very little doubt but that woodwork is often a source of danger from the same cause, a perplexing malarious fever having been traced by the medical men of San Francisco to certain decayed foundations and wood floors, which abound so in that city, and which, when taken down, were found to be swarming with organisms.

A CURE FOR HYDROPHOBIA.

M. PASTEUR has added another benefit to those which he has already rendered to humanity. He officially announces that he has just discovered, not a preventive remedy against hydrophobia, but an infallible cure, by which a human being, bitten by a mad dog, may be rendered proof against the consequences of the bite. This treatment consists of three successive inoculations of the hydrophobic virus, in two different degrees, immediately after the bite, and before the hydrophobia has declared itself in the patient.

M. Pasteur has not yet discovered the microbe of the disease, and he cannot proceed, as he has done with anthrax, to preserve dogs by preventive vaccination. He can, however, act on dogs which have been bitten as on human beings, and he is certain that if all bitten dogs were submitted to this treatment hydrophobia would sooner or later disappear, inasmuch as according to his theory, which does not concern itself with the original cause, hydrophobia can only be transmitted by biting, and can in no case declare itself spontaneously. Meanwhile, be that as it may, such as have the misfortune to be bitten by mad dogs will be able to escape the consequences by a treatment which, we may be certain, will be communicated to all who are in a position to apply it.—*Communicated.*

RETURN OF DR. RICHARD HUGHES.—Dr. Hughes met with a right royal welcome in the States on his recent visit. The lectures which our learned colleague delivered in the University of Boston are to be printed, for which we are thankful.

NOTES BY THE WAY.

By Dr. USSHER.

A Form of Urticaria, Abscess of Liver, etc., etc.

Two or three cases with an unusual itching, swollen eyes and face, extreme feeling of malaise accompanied by vertigo, have attracted attention. There has not been the least suspicion of the cause. One of them this morning presented a number of raised stripes about an inch long, and tempting the application of diligent fingers for the abatement of her torture. I find she has been partaking freely of mackerel, and this has been the source of mischief in each instance.

Sailors say that these fish exposed to the moon's rays are poisonous. So *Luna* is busy, and we may look out for potentised mackerel shortly. The remedy for these troubles was not that exquisite bit of soothing, the "Moonlight Sonata," but the homely *Pulsatilla* ϕ , or next to it. We are pretty ready to chronicle our successes; here is one of my failures. Albeit it is vexatious for a fisherman to nearly land his fish and then fail. The poor man's case was every way sad, for all his troubles were of his own making. Sobriety visited him at intervals and might have been his willing guest, but a wife, more abandoned than he, helped his undoing. This went on for some years, until his wasted life went out at 38. He might have been well-to-do in his sphere, but ill-matched found him every day worse mated, tied to a drunkard, too late to find a remedy, and falling in only too readily with her vice. Jaundiced now and then, with severe vomiting and colic, medicine gave him ease for a time, but the issue was patent to all. The attacks became frequent, and he took to his bed strong in the hope that he would come right, as he often had done. April 1st I saw him, and for him the day was a fool's commemoration; he was olive yellow and swollen as large as a hen's egg in the epigastrium. The liver enormously enlarged, almost filling the abdomen, and nearly as low as the ramus of the ischium. Our cheery and genial brother Shuldham saw him, and we were one in selecting *Hepar*, which was continued until the 9th April. On the evening of the 6th the skin over the abscess was reddening and making its way towards the surface, soft in two places; but I considered that adhesion had occurred and that it was attached to the abdominal wall; and no good purpose could be gained by waiting longer, for before this pus had made its way into the stomach and might again choose the

same exit. The opening was made with a bistoury and a goodly lot of pus came away, yellow and for the present inodorous. I did not use an aspirator, for the best of reasons—I had not got one. Before opening, Skinner's deodorant was sprayed around the parts. Next morning, on dressing the wound with fresh poultices, a quantity of jelly-like substance came away, and from the bulk of it there was evidently a large cyst; at first it was perfectly clean like confectioner's jelly, then bile-stained, and finally followed by a deluge of pus, and from day to day tough white membrane, which stopped the opening. He took nourishment badly, beef tea and milk. On the 10th, *China* 1x and *Acon.* 12 at night, the latter for a troublesome cough. On the 14th *China* 6. Tenderness in the liver, high-coloured urine, faint feelings and tormenting cough, made me give him *Bell.* 3x at night and *Phosp.* 3x by day, the latter *alone* until the 20th, so manifest was its help. The discharge lessened to a small quantity, his cough soothed, and natural action of the bowels with restored colour was the daily report. His rest was fairly good.

With a liver so enormously enlarged, health seemed far away, yet *Nit.-Ac.* 1x gave us hope of doing something. There was now a morning rise in the thermometer to $103\frac{2}{3}$, and pain in the upper right lung relieved for the time by *Ferri Phos.* 6. I feared matter was again about to make its way upward, for he had a return of the same foul taste of blood that preceded the first issue of pus by mouth. This repeated the next night, but one with a vomit of matter, and in less than five minutes he was dead. The wonder was he endured so long after so vast a suppuration and trifling sustenance. He occupied an unhealthy dwelling, and being a milkman I warned him about the smell of drains and the effect on milk. We little thought of the sequel. His daughter who attended on him caught cold from severe wetting, double congestion of lungs followed, and typhoid declared itself, when profuse hæmorrhage, probably from perforation, terminated her life a fortnight after the father. The wife was too drunk to follow the remains of either to the grave, and were she to be the next victim none would be surprised.

And so the Count has turned out to be of no account. It was perfectly useless to deny the power of Mattei's remedies, the attestations the other way were many and trustworthy. But do ye not see, O allopaths who have largely used these globules, that Homœopathy was triumphing over you? The

despised article, even in a coat of many colours, was doing much for you, therefore you must use it. We are thankful to those, and no doubt they are many, who have got so far to the bottom of the "little game." Plain enough that the globules are saturated with dilutions, probably high. In this electric age the hit of "the electricities" was magnificent. Some of the remedies are well known to us—the *Betonica aquatica* to herbalists. Of course, no one will now "tamper" with the forbidden fruit. Dr. B.'s friend has by this time found out the difference between a full purse and a "shepherd's purse." People who have to do with simples bepraise the little dirty roadside piece of neglected power as a grand anti-hæmorrhagic and bladder remedy. Equally well known to them is the *Polygonon hydropiper* (smartweed). Long ago it has been said, and wisely, you need not go far afield for your remedies, they are very nigh you. Dr. Hale is showing us how to utilise them. Surely any one who has a small modicum of common sense must have thrown down Mattei's book with disgust, and as we look on the portrait of the "illustrious nobleman" it calls to mind Shakespeare's dictum, "There is no art to find the mind's construction in the face."

Lorne Villa, Geraldine Road, East Hill,
Wandsworth, June, 1884.

TAR AS A GERM DESTROYER.

WRITING to a contemporary lately, Dr. Wm. Hall, of Tottenham, thus expresses himself:—

"Having been medical officer for this populous parish for nearly fifty years, I have seen a few epidemics, and can from experience back up 'W. P. H.'s' views as to the power of staying infection by the combustion of material saturated with tar. In one of the cholera outbreaks it showed itself in a deadly form in a crowded court here, but by keeping up a bonfire of tar-barrels the disease was soon subdued. The infection of small-pox is something substantial, and can be successfully fought by proper means and proper energy being brought to bear on it. I place little reliance on fumigation, and know well that nothing short of the speedy destruction by fire of all the surroundings of a small-pox case can stamp out this fearful plague."

THE THERAPEUTIC DRINKING OF HOT WATER.

By Dr. TUTHILL MASSY.

A GENTLEMAN came on a tour from Canada with dyspepsia, suffering very much for years; various medical men prescribed for him. He applied to me, and my prescription was sipping hot-water half an hour before and after dinner to comfort the stomach. Recently he wrote in great spirits from Chicago, saying he was well, and prescribed hot-water for all his acquaintances.

Dr. Metcalfe, in a recent conversation, told me it was a favourite prescription with him for many years. One lady he had now who had taken hot water all through her dinner, avoiding wine and other stimulants; she has been a patient of his for many years on the hot-water treatment, and speaks in high terms of its benefit and comfort during meals.

Mr. Colquhoun, in his recent journey through China, writes:—

“Bowls of hot water were drunk from at intervals, proving that these poor men cannot afford at each meal their dish of tea, which every Chinaman who can afford it always has at hand.

“Cold water is never drunk by the Chinese, as they consider it unhealthy in the extreme and uncivilised, only fit for barbarians.

“The physique of the boatmen, although light, was decidedly good; they were wiry and well-chested; their arms (though small) were like whipcord, and the muscles of their legs stood out well developed; they formed a striking contrast to the obesity of the ordinary well-to-do Chinaman.”¹

¹ Across Chryse: a Journey of Exploration through the South China Border Lands, from Canton to Mandalay. By Archibald R. Colquhoun, Engineer.

REVISION OF OUR MATERIA MEDICA.—Our distinguished colleague, Dr. Hughes, has returned from his visit to the United States, and brings with him the plan of revision as accepted both by the British Homœopathic Society and by the American Institute of Homœopathy. Dr. Hughes is the appointed British editor, and Drs. Drysdale, Dudgeon, and Pope are the members of the British Consultative Committee.

Obituary.

MR. JAMES LEATH.

THIS notable homœopathic publisher and chemist has passed away from our midst full of years, and it seems difficult to realise that we shall see his genial face no more.

Mr. Leath was a fine type of a large-hearted, successful man of business, who knew both how to make and how to spend. He commenced business as a bookseller in 1826 as successor to his former master, Mr. Hurst, at 5, St. Paul's Churchyard. He subsequently became agent for homœopathic medicines prepared by the late Mr. Headland, and afterwards had business transactions with the late Mr. Turner, of Manchester. In 1846 he published "Laurie's Domestic Medicine," and previously to this Dr. Hamilton's Popular Treatise, and thenceforth continued to publish homœopathic literature till the end of his life. In 1850 he engaged Mr. Woolcott as homœopathic pharmacist, who prepared the medicines, he himself attending to the publishing. About this time he opened a West End branch, and shortly afterwards became associated with Mr. Ross, his surviving partner. From this time on the firm of Leath and Ross entered upon a career of unbroken success, much to the advantage of Homœopathy, for they spent thousands of pounds in bringing Homœopathy and its literature to the notice of the world. Mr. Leath's pluck and enterprise in his publishing homœopathic literature not only brought his firm ample reward, but entitle him to our warmest gratitude. At one time 3,000 copies of "Laurie's Domestic" were sold annually. Of the more notable homœopathic writers it is only necessary to cite such names as Rutherford Russell, Sharp, and Richard Hughes, whose important works Mr. Leath published.

James Leath was ever ready to fight the battle of our oppressed reform, and helped where help was needed with no ungrudging hand. He was liberal, kind, and generous, and, as a very intimate friend of his tells us, "never lost sight of a poor relation."

We understand that the surviving partner, Mr. Ross, will continue the business of the firm on the old lines, and, we doubt not, with the old success.

Homœopathy owes much to its chemists and publishers in

their great pioneer work, and the name of James Leath will be long remembered amongst us. Peace to his ashes.

LITERATURE.

COMPANION TO THE BRITISH AND AMERICAN HOMŒOPATHIC PHARMACOPŒIAS.¹

THIS is beyond any question a very useful and timely undertaking, and one calculated to advance the true interests of Homœopathy, and therefore of medicine in general. Homœopathy must eventually be recognised and taken up by general medicine as an integral part of itself, and Mr. Ashwell by here providing pharmaceutical chemists with the means of understanding homœopathic prescriptions and of preparing the medicines *more homœopathico*, has rendered us a material service.

VACCINOSIS AND ITS CURE BY THUJA; WITH REMARKS ON HOMŒOPROPHYLAXIS.²

THIS little volume being by the editor of this journal, we are only allowed to call attention to it, so merely ushering it in must suffice for our fond parental heart.

Doubtless it will be a sorry gosling to some, though it may be a unique cygnet to us; anyway—*habentne libelli sua fata?*

The *British Journal of Homœopathy* has severely handled "Vaccinosis." We trust their inventive faculty has this time not been needed to belittle *à tout prix*, as is their wont, anything from our pen, from "*Natrum Muriaticum*" down to "*Supersatinity*." The suggestion that we have our ideas from Wolf is gratuitous, as we knew nothing of Wolf's views, and still only know what the *British Journal of Homœopathy* tells us in its last issue. We nowhere mention Wolf in "Vaccinosis," for the simple reason that we knew nothing of him, and we still very much question whether

¹ Companion to the British and American Homœopathic Pharmacopœias. By Lawrence T. Ashwell. Third Edition. Keene and Ashwell, London.

² Vaccinosis and its Cure by *Thuja*; with Remarks on Homœoprophylaxis. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company. New York and Philadelphia: F. E. Boericke, 1884.

Wolf's position and ours coincide. They do not mention "Homœoprophylaxis" because they seemingly know of no Dr. Wolf to whom to ascribe it.

ESSAYS ON THE TREATMENT OF DIARRHŒA AND DYSENTERY.¹

THIS is Supplement No. 5 of the *Homœopathic Physician*, reprinted in pocket size, and is compiled for the purpose of giving practitioners a small yet reliable pocket assistant for the treatment of diarrhœa and dysentery.

That the work is well done needs no warranty of ours when the names of such eminent workers as P. P. Wells, M.D., and E. J. Lee, M.D., grace the title page.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

RICHARDS GRAY, B.Sc., ON LATHYRUS CICERA.

SIR,—When perusing the *British Medical Journal* for May, 24, 1884, I noticed a few remarks made by Dr. Althaus in his lecture on "Sclerosis of the Spinal Cord," on the plant named *Lathyrus Cicera*, which, it struck me, might be used with advantage in homœopathic practice.

The effects, as noticed by him: debility and tremor in the legs, succeeded by a kind of stupefaction generally, afterwards an almost total absence of power in the extremities; that pigs, after feeding on the plant, begin to drag their hind legs; and that the dried grain, taken either by pigs, dogs, or rabbits, produces *similar results*.

Not having seen any allusion to this plant in the previous numbers of the *Homœopathic World*, I write this short paragraph, as some of our scientists and elder practitioners may be induced to study it, and peradventure the outcome may

¹ Essays on the Treatment of Diarrhœa and Dysentery. By P. P. Wells, M.D., with Repertory by E. J. Lee, M.D.

be a preparation similar to *Nux Vom.* for that particular disease, *Ataxy.*

If you think these remarks worthy of a place in your periodical to that end, my pen will not have been used in vain.

Yours most faithfully,

RICHARDS GRAY, B.Sc.

THE RECENT MEDICAL VACCINATION MANIFESTO.

ANIMAL *v.* HUMANISED LYMPH.

SIR,—While preparing a series of letters relating to the "Transactions of the Vaccination Inquiry," showing the results of this important census of medical opinion, which you did me the honour to publish in the *Homœopathic World*, the state of my health required a change, and my communications were interrupted. I now venture to ask permission to lay before your readers some further evidence from this unique and impartial medical inquisition, which, unfortunately for the public safety and guidance, has been quietly ignored by the leading medical organs. The testimonies furnished in response to the questions formulated by the Exeter Hall Committee relating to the diseases communicated by vaccination, the protection said to be afforded by the operation, and the number of cicatrices advocated by the profession, all considered to be points of vital importance, have been dealt with. I now propose to refer briefly to the evidence of the medical witnesses (most of whom, it will be remembered, are medical officers of health, public vaccinators, or others who have devoted special attention to the subject) on the question, "What opinion do you hold as to the relative efficacy and safety of humanised and animal lymph?" In all 380 answers were received; of these, 114 regard human lymph as the best, 74 prefer animal lymph, 43 consider both of equal value. "I should hesitate," says Dr. A. W. Barclay, Medical Officer of Health for Chelsea, "to use animal lymph on a delicate child." T. W. Thursfield, M.D., J.P., Leamington, believes "calf lymph is the safest." Dr. C. R. Drysdale, the chairman of the Vaccination Census Committee (who is clearly disgusted with the orthodox method of vaccination on account, as he has publicly stated, of its mischievous consequences), says Dr. Martin has demonstrated the superior prophylaxis of animal lymph, and

to its greater freedom from erysipelas, and holds that humanised lymph should be entirely abandoned. Thomas Bond, F.R.C.S., M.B., and B.Sc., London, deposes that the constitutional fever caused by animal lymph is more severe, and it is not so easy to use on account of its coagulating so quickly. C. H. F. Rourt, M.D., F.R.C.P., says animal lymph often fails, frequently making very bad wounds. Dr. W. T. Wyatt prefers humanised lymph once removed from the calf, and considers there is no evidence that animal lymph is more protective. It has the disadvantage of requiring much larger insertion, and causes more constitutional disturbance and inflammation. Dr. Haughton maintains that humanised lymph is more likely to transmit maladies, but there is no protection in either case. W. C. Grigg, M.D., M.R.C.P., gave up animal lymph after repeated failures, and owing to extreme severity of symptoms. R. J. Cary, M.A., M.R.C.S., gives his opinion that calf lymph affords absolute protection, but the effects are very severe, and he has heard of fatal results. D. H. Cullimore, M.D., says: "Jenner held that vaccine animal lymph was only protective for six months, and that horse lymph alone was efficacious." W. J. Collins, M.D., F.R.C.S., B.Sc., etc., says: "The efficacy of animal lymph at present rests on mere assertion and negative evidence. It is superior to human lymph in its freedom from syphilitic suspicion, but that it can convey certain skin diseases and erysipelas, and tuberculosis, appears to be distinctly proved." And so on, one medical authority affirming without hesitation what another of equal experience emphatically denies. Some witnesses allow that animal lymph is the safest, and others prefer human lymph for the same reason, so that both recognise that the risk of imparting disease is one of degree only. As, however, animal lymph is now being specially recommended by the vaccine propagandists, I may mention that Dr. Hubert Böens, of Charleroi, sent to the Belgian Academy of Medicine, a short time ago, the history of several cases of confluent small-pox following animal vaccination; and of 139 subjects vaccinated with 80 points of calf lymph supplied by Dr. Warlomont, which he says "have presented symptoms, both local and general, of having been poisoned by putrefying matter;" thus realising Dr. Seaton's prediction ("Handbook of Vaccination," p. 337) that "so far from being likely to produce fewer ailments and cutaneous eruptions in the predisposed, he knew from his experience that it would—as being more

irritating—produce more.” In the presence of such conflicting medical testimony as the foregoing, and with small-pox epidemics attacking most severely those districts in London where the highest bonuses have been paid for successful vaccination (thereby not only confuting the theory of protection, but suggesting that vaccination may be an excitant to the disease), would it be unreasonable to ask those who have been instrumental in imposing penalties upon medical nonconformists to petition Parliament to repeal this unwise and cruel legislation ?

Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, S. W.,

July 7.

SOUTH HANTS HOMŒOPATHIC DISPENSARY.

DEAR SIR,—Your communication of the 5th instant, in reply to that addressed to you by me, bearing date 18th June last, has been laid before the Committee, and I have their commands to say they are surprised and grieved that you should treat any communication from their medical officer so cavalierly as you have done in the letter now under consideration.

The Committee admit the prerogative of journalists to accept or reject communications forwarded to them, but there are means of refusal which do not reflect upon the sender.

Your paper, the *Homœopathic World*, advocates the practice of medicine as its title indicates, and it appears incongruous that under such circumstances you should decline so peremptorily to receive any communications from Dr. Reed, and therefore the Committee fail to see that you are “desiring to do the right thing” in the matter now before them.

Dr. Reed is, in the interests of Homœopathy, endeavouring to establish a medical practice which he and the Committee feel is for the good of humanity, and his long practice in that honourable profession entitles his writings and his work to graver consideration than you desire to give; and as you are a brother practitioner as well as a journalist, who professes the advocacy of homœopathic medical science, the Committee desire that I should record their protest at this mark of discourtesy addressed to them as well as to their friend

Dr. Reed ; and I am also to add, that a friendly note to that gentleman should now follow.

I have the honour to be, Dear Sir,

Very truly yours,

JOHN E. CHURCHER, *Hon. Sec.*

“Portsdown,” Carlton Road, Southampton,
July 15th, 1884.

[We insert the foregoing communication to show our Southampton critics that we have no personal feeling in the matter. Nevertheless, we still decline to insert any communication from Dr. Reed.—ED. *H. W.*]

APPEAL TO THE BENEVOLENT.

DEAR EDITOR,—Will you allow me to appeal for help on behalf of one of the daughters of the late Dr. Roberts (homœopath). She has just been left a widow with two children under four years. A little help *now* will enable her to weather the storm, and prevent her home from being broken up. Contributions, *however small*, will be thankfully received by me on her behalf.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.,
June, 1884.

BLACK TONGUE.

SIR,—On Sunday, August 19, 1883, I was called in to see Mrs. H., a woman of about seventy years, in very poor circumstances indeed, and whom I found suffering from an acute exacerbation of chronic bronchitis. Upon inspecting the tongue I found it covered with what appeared to be a number of scale-like bodies, somewhat imbricated in arrangement, and presenting the appearance iron does when black-leaded—dense, shiny black. The surface of the tongue appeared moist. I could not get any satisfactory explanation from the patient as to how the tongue had acquired its hue. I prescribed *Ammon.-Carb.* and *China*. In the course of a few days the colour changed to brown, and then disappeared. Hitherto I have not heard of any reappearance,

which I should have done, without doubt, had there been any return.

ISRAEL J. E. RENSHAW, M.R.C.S., L.R.C.P.

Sale, Cheshire, July 14, 1884.

THE HOMŒOPATHIC CHEMIST AT MARGATE. — By an unfortunate oversight my name and address at Margate was omitted in the current "Homeopathic Directory"—44, Hampstead Hill Gardens, Hampstead, N.W., alone appearing. I should therefore esteem it a favour if you would kindly attach the enclosed slip to page 51 of your "Homeopathic Directory."

This is the slip:—"Margate. John Baily, Pharmaceutical Homeopathic Chemist, 26, Ethelbert Road."

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

PERSONAL.—Dr. Hoyne, of Chicago, is touring in Europe, and has honoured us with a call. We trust he will reach home safely, strengthened and cheered by his visit to the Old World, which we hope he is

not finding quite effete. We tried to persuade him to go on with his great clinical work, which is one of the monuments of our school, and therefore of general medicine.

BOOKS AND JOURNALS
RECEIVED.

Monthly Homeopathic Review, July, 1884.

The Zoophilist, July 1, 1884.

Wintering Abroad: Mentone and the Riviera. By Dr. Alfred Drysdale, of Mentone.

Dietetic Reformer, No. 151.

The Journal of Medicine, No. 55.

Oxygen as a Remedy in Disease. By George Barth.

Eleventh Annual Report of the Lunacy Law Reform Association, 1884.

Bulletin de la Société Médicale Homœopathique de France, No. 2.

Medical Counselor, June 1, 1884.

American Observer, No. 9.

National Anti-Compulsory Vaccination Reporter.

Allgemeine Homœopathische Zeitung, No. 25, 26, Bd. 109, 1, 2.

The Clinique.

Revista da Sociedade Homœopathica Bahiana.

The St. Louis Periscope, No. 6.

The Medical Advance, No. XII.

Revista Homœopática Catalana, No. 6.

Boericke and Tafel's Bulletin, May, 1884.

United States Medical Investigator, June 21, 1884.

Medical Tribune, June 15.

New York Medical Times, July.

Medical Education, and the Regulation of the Practice of Medicine in the United States and Canada. London: Trübner and Co.

Hahnemannian Monthly, No. 6.

La Variole, La Vaccine, et Les Vaccinides en 1884. Par Hubert Boëns. Bruxelles: Manceaux, 1884.

Vaccination, 1883. By Alexander Wheeler.

Revue Homœopathique Belge, No. 2.

CORRESPONDENTS.

Communications received from Dr. Dyce Brown, London; Dr. Reed, Southampton; John E. Churcher, Esq., Southampton; Dr. Usher, Wandsworth; Dr. Lade, Glasgow; Dr. Hitch-

man, Liverpool; L. T. Ashwell, Esq., London; Dr. Alfred Drysdale, Mentone; Dr. Israel J. E. Renshaw, Sale; Dr. Proctor, Birkenhead; Dr. Dunn, J.P., London; G. Richards Gray, Esq., B.Sc., Blakeney; Dr. Murray Moore, Auckland; J. H. Postlethwaite, Esq., Brighton; Wm. Tebb, Esq., Devonshire Club; Dr. Midgley Cash, Torquay; Dr. R. R. Gregg, Buffalo, N. Y.; Dr. R. Hughes, Brighton.

The Homeopathic World.

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Podophyllin in Dislodging Nephritic Calculi.

Catholicism v. Catholicon.

Our Mode of Life, not the Weather.

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Richards Gray, Esq., B.Sc., on Monomania.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1884.

FIVE PER CENT.

WE are not referring to the ordinary five per centum per annum, with which question we are all more or less familiar, either in the giving or the getting; we are referring to the percentage of deaths from cholera and diarrhoea in the epidemic of 1867 under the treatment of a distinguished homœopathic physician, Dr. Thomas Simpson, who during the said epidemic was practising in Liverpool, but who now practises in the commercial metropolis of the North—Glasgow. We last month brought a very able paper by our friend Dr. George Lade, also of Glasgow. Both these gentlemen speak with the authority of actual experience in the treatment of epidemic cholera, and we are fortunate in getting accounts of this practical knowledge of our colleagues just in the nick of time; for cholera is still lingering about, at times faintly flickering, and then again flaring up flamboyantly all around. We are forewarned and forearmed, and can look the dread scourge calmly in the face.

Dr. Simpson treated over 700 cases in the epidemic of 1867 with a mortality of only 5 per cent.

By the way, if cholera comes to London, let every one know that the Homœopathic Hospital in Great Ormond Street will be turned into a cholera hospital purely and simply. The deck is already cleared for action, and the staff mean to score one for therapeutic truth.

You whom God has blessed with means, send in a few *handsome* donations to supply the sinews of war. Address your donations to the treasurer, Major W. Vaughan Morgan, Homœopathic Hospital, Great Ormond Street, Bloomsbury, London, W.C., and the Giver of all things will pay you more than—five per cent.

CHOLERA.

BEING OBSERVATIONS OF A PHYSICIAN IN THE EPIDEMIC
OF 1867.

By THOMAS SIMPSON, M.D., M.R.C.S.

CHOLERA is a question which is stirring the community, and may reasonably be discussed by all who are, in any way, entrusted with, or interested in, the health of the public. Seeing it is so widespread in its diffusion, so destructive in its effects, and hitherto resistant to treatment, it may be well to explain that Epidemic Cholera (which has its home in India) is a distinctly contagious disease, clearly proved (by the recent investigations of the sagacious Dr. Koch) to arise from the introduction into the blood of minute organisms (Microbes), which develop and multiply with marvellous rapidity, causing the circulating fluid to become so thick as to arrest its career through the vessels, and so ensure death, if unchecked in its rapid progress. It spreads quickly over large areas, often preceded by Epidemic Diarrhoea, frequently developing itself, without warning, in the places attacked, often disappearing suddenly, and returning to them after brief intervals, remaining absent for years, visiting the same places on each return, sometimes limiting itself, with curious abruptness, in certain localities, *passing over* places in its route with strange capriciousness, and afterwards returning to them, spreading sometimes *with* and sometimes *against* the prevailing winds.

It may be well, apart from all theory, to consider the circumstances which contribute to the development and the spread of the disease.

Impure air.—There is abundant evidence that a foul atmosphere promotes the severity of Cholera. In spite of all exceptions, the places in which the air is most vitiated from soil-pipes, drains, cesspools, decaying animal and vegetable refuse, or over-crowding and concentration of human emanations, are those in which Cholera has been most widely spread, and most disastrous; hence the importance of removing from crowded districts every contaminating influence that may rob the atmosphere of its vivifying influence (its oxygen or ozone being preserved in due proportion). The noxious air from sewage (sewer gas) is compounded of several gases, carbon dioxides, nitrogen, carburetted hydrogen, sulphuretted hydrogen, ammoniacal compounds, foetid organic vapour. By far the most poisonous of these effluvia, ac-

According to Sir Robert Christison, is sulphuretted hydrogen gas, and which, when breathed undiluted, is instantly fatal (exciting equally deleterious effects on all animals); hence the stern necessity, at such seasons as this, of looking to our drain pipes, and securing abundant ventilation for our dwellings, offices, and workshops.

Impure water plays an important part in Cholera Epidemics, as a predisposing, if not as an exciting cause.

Improper food.—In the epidemic of 1849 many examples were made known of violent attacks distinctly traceable to the use of putrid fish, pickled pork, decayed cheese, spoiled oysters, etc. In this class of causes may be included the noxious effects of purgative medicines, given during Cholera epidemics. Sir R. Martin cautions us against administering, during these visitations, any laxatives likely to operate in the early morning, *i.e.*, the time when the first symptoms of Cholera generally begin.

Age.—According to Dr. Gull, it is most fatal in Britain under one year and over forty-five, corresponding, however, in this respect with the general tendency to mortality.

Previous health.—Both the strong and the delicate are susceptible; previous disease of a debilitating nature influences the mortality, though, in the Calcutta hospitals, the stout, rosy, muscular Afghans (splendid specimens of men) were often found.

Habits.—Persons in whom habits of intemperance have established organic disease of liver or kidneys, have less chance of recovery when attacked.

Fatigue.—It is well proved that the susceptibility is great when the body is exhausted by prolonged exertion; want and privation, by impoverishing the blood, lessen that power of resistance to noxious influences, which preserves us from innumerable evils in health. Grief and fright exercise so depressing an influence on the organism as to act as predisponents.

Probably most of the causes just mentioned may be considered as *predisposing*.

Impure air and water.

Exhausted vitality.

Previous intemperance, abuse of aperients.

But the exciting cause appears to be the introduction into the blood, through the intestinal surfaces or the air passages, of living animalculæ; the diarrhoea and persistent vomiting being an effort to throw off the morbid elements. Hence the

futility of seeking, by revulsive astringent medicines, like Catechu, Kino, Opium, Chlorodyne, to remove the cause *antipathically*. The great success which followed the allowance to the thirsty patients of an unlimited quantity of cold water in the epidemic of 1867 proves the value of the eliminative treatment; the vomiting which followed immediately was found to be the ejection of the morbid elements, and the same may be said of the copious loose stools, all the *excreta* being loaded with Cholera germs.

The most momentous question is that of the treatment.

We may well divide this into that which is preventive or *prophylactic* and the *curative*.

Whatever be our views as to the contagion of Cholera, it is well to act upon the principle that it may under certain circumstances be spread in a locality. We ought not to yield to the paralysing influence of fear, but, taking all reasonable precautions, expect immunity. Everything which tends to vitiate the atmosphere *in* and *around* our dwellings should be destroyed and abundance of pure air admitted.

Amongst the precautionary measures which it behoves each individual to observe are the following:—As much as possible a regular mode of living. The use of simple and substantial nourishment, avoidance of all debilitating influences, such as excessive mental exertions, depressing emotions, and, more particularly, avoidance of alcoholic stimulants.

Whatever tends to excite *diarrhœa* must be discarded. Persons must take care not to get chilled or over-heated.

Every *diarrhœa* with which a person may be attacked during an epidemic should be promptly attended to. These are expedients which every one should employ in his own family, and recommend to others, under the direction of an enlightened physician.

The characteristic collapse which ushers in the attack points to the adoption of some method of quickly restoring the circulation of the vital fluid to its natural activity. Now, no agent can accomplish *this* so speedily as a Turkish bath; and in 1867, when used for *this end*, it was a highly successful agent in the hands of Continental and British physicians, given at the onset of the attack. Warm outward applications have *not* been found so beneficial in Cholera as in *Diarrhœa*.

Continued but gentle friction with cold wet cloths until a manifest reaction appears on the skin is very beneficial. At

the onset of the attack food is out of the question. The beverages best suited to quench the thirst are fresh water or barley-water. Small lumps of ice are very grateful to the palate, and if champagne can be had it may be taken in tablespoonful doses.

The medicinal treatment which has been found most successful is that known as *Homœopathic*, being *specific* for the *different* forms or phases of the disease. It was a source of serious perplexity to know how to deal with the formidable stranger when first it appeared in Europe, and when the physicians of different countries were called upon to deal with it, great diversity of opinion prevailed—some advised astringents, others prescribed aperients, and a few advised nothing but a free indulgence in hot drinks.

The illustrious Sydenham says:—"I am convinced that epidemic diseases differ from one another, like east from west, and that the remedy which would *cure* a patient at the beginning of a year might *kill* him at its close. Again, when once, by good fortune, I have hit upon the true and proper line of practice which this or that fever requires, I can (with the assistance of the Almighty), by taking my aim in the same direction, succeed in my results. This lasts until the first form of epidemic becomes extinct, and until a fresh one sets in, then I am again in a quandary, and am puzzled to think how I can give relief. It is more than I can do to avoid risking the lives of one or two of the first who apply to me as patients." This is the honest confession of a man, entitled for his truthfulness and genius to the highest admiration. The difficulty of adapting the remedy to the individual case of disease has been always felt in orthodox medicine, but seldom so frankly acknowledged.

Homœopathy carries into *detail* what all medicine is in general.

Medicine in the general is poison to the healthy frame of man, and a remedy to that frame when sick. *This* is admitted by all, and this is Homœopathy in the general, why not then have Homœopathy in the detail?

Why not first ascertain what symptoms each poison produces, when taken in health, and why not give it as a medicine for *similar* symptoms in disease? Physicians have been experimenting for centuries in the treatment of disease. Why not try *this* harmless experiment? Most of us admit in general what is realised when carried out in *particulars*—vaccination for small-pox, castor-oil in cases of diarrhœa,

Ipecacuanha in asthma, are familiar instances of the homœopathic action of our most reliable specifics.

Happily the law holds good in the formidable disease under consideration, and the sooner it is admitted by the great body of the medical profession the better for the community. For the art of healing has scarcely hitherto had any guide but the slow one of experience, and has yet made no illustrious advances by the help of *reason*.

When Cholera appeared in Europe in 1823, it was met at the Russian frontier by the prompt and skilful array of physicians who succeeded in arresting its progress; and in 1831, when it attacked Germany and France, numerous expedients were adopted for its extermination. The most successful raid being that made by Hahnemann and his coadjutors.

The best preventive is *Sulphur*, used as follows:—

Take fine precipitated *Sulphur* (*Milk of Sulphur*), sprinkle half a teaspoonful of it into each boot or shoe, and renew it every morning. Further, as stagnation in the smaller blood-vessels of the lungs is imminent, it is highly important to breathe as deeply as possible in a pure atmosphere, so as to vivify the blood as thoroughly as possible, by giving it an abundance of oxygen. As there is before and during an epidemic of this kind a prevalence of bowel complaints, it is important that it should be treated promptly by the medicines hereinafter mentioned.

In addition to sanitary precautions, the medicines which succeeded so signally were—*Camphor*, *Cuprum*, *Arsenicum*, *Ipec.*, and *Veratrum Album*, etc.

CAMPHOR.—When Cholera attacks the patient so that he is suddenly prostrated, has giddiness, nausea, moaning, face and hands blue and cold, voice husky or hoarse, despairing look, no vomiting nor diarrhœa, but a burning sensation in throat and stomach, cramps in the calves and various muscles. He gave one drop of the pure tincture every five minutes on a lump of sugar. Its beneficent action is seen in a gradual glow and warm perspiration all over the body, when it may be discontinued. Next to *Camphor* in frequency of its use stands *Veratrum*—anguish, fear of death, face and nose cold, great thirst for cold water, vomiting after drinking, with great debility or diarrhœa, at the same time *the discharges are profuse, gushing, rice-water like*, with cramps and griping in the bowels, coldness all over, cold perspiration, icy breath, voice hoarse; give one drop every hour.

CUPRUM, if very violent spasms in different parts of the body, extorting loud cries, pressure in the pit of the stomach, worse from constant anxiety, and blue lips, one drop every hour in water. This is an excellent preventive taken every evening during the prevalence of cholera.

ARSENICUM ALB. is curative, when great anguish, *restlessness*, sudden perspiration, *fear of death*, sunken eyes, pointed nose, pale face and distorted, tongue dry and brown, *thirsts for sips of cold water*, burning sensation in pit of stomach, cold sticky perspiration.

IPECACUANHA may be given in case *nausea and vomiting* with *faintness* constitute the group of symptoms.

The symptoms in italics are distinctive and characteristic of each medicine. Very little food is required—barley or rice-water, or scalded skim milk, and Valentine's Essence of Beef in the later stages.

Having treated over 700 persons afflicted with Diarrhoea and Cholera in the epidemic of 1867 by the method herein advised, with only 5 per cent. mortality, we have abundant authority for the advice given.

Hillhead, Glasgow, July, 1884.

P.S.—The best disinfectants are Condy's Fluid and Burnett's Solution.

P.P.S.—The dilutions which I recommend are Dr. Rubini's Homœopathic preparation of *Camphor*; *Arsenicum Alb.* 5; *Cuprum Met.* 5; *Ipecacuanha* 5; *Veratrum Album* 3.

PALLIATIVES IN RENAL CALCULI; THE FALLACY OF DRAWING CONCLUSIONS FROM A SINGLE CASE.

By GEORGE LADE, M.D.

I HAVE just received from the other side of the Atlantic, and with the author's compliments, a pamphlet treating of "Nosodes and High Potencies."

In this publication I find a marked paragraph which runs as follows: "In a case of passage of a renal calculus the patient, a young, healthy man, was writhing in agony; gave *Cantharis* MM. in water, a teaspoonful every fifteen minutes, until easier; after second spoonful he was relieved of the pain and fell asleep; in two hours he was up, and went to business next day; a few days after passed a calculus size of

a small pea. Compare this with the days of agony under allopathic treatment, or under the third X or any other X."

Regarding this paragraph as the reply of the author to my recent remarks in the *Homœopathic World* anent my unsatisfactory experience of homœopathic palliatives—high and low alike—in renal calculi, and also as a challenge to me to produce an equally successful case of the kind treated in a different manner, I have no hesitation in accepting the challenge, and in meeting it with a case parallel as to results with the published one, but totally different from it in its management.

Several years ago, suspecting the presence of a calculus in the left kidney of a gentleman who was subject to renal troubles, I gave him thirty drops of the second decimal tincture of *Podophyllin*. In little more than two hours he was suddenly seized with excruciating pain and other symptoms indicative of the entrance of a foreign body into the ureter. The pain soon increased so much in intensity that he instinctively grasped a bed-post to prevent himself from falling. While in this position, and within fifteen minutes from the onset of the attack, the pain left as suddenly as it had come. In less than half an hour afterwards the patient felt as well as usual, and resumed his interrupted professional work. Next morning he passed, but not without the assistance of an urethral forceps, a slightly curved mulberry calculus, measuring half an inch in length and five-sixteenths of an inch in diameter at its broadest part. The concretion was the largest the patient ever suffered from, before or since; and it is not a little remarkable that while it occupied so short a time in its descent from the kidney, very much smaller calculi of a similar composition have tortured him for several consecutive hours.

I leave your readers to decide for themselves which of the two cases is the more brilliant, whether either has any claims to brilliancy, or whether nature alone might not have brought about the happy results that accrued to both without assistance from art.

I am not prepared to maintain with regard to my own case, as the American physician evidently does as to his, that the medicine administered expedited the progress of the calculus in the ureter. It would be extremely hazardous to dogmatise on such a subject, especially when the capacity and elasticity of that tube are unknown. I do not for a moment, however, doubt that the concretion was dislodged from the pelvis of the kidney by the *Podophyllin*.

Numerous experiments which I have conducted during the last ten years go to prove that that drug does possess such a therapeutic influence. Taking this fact into consideration, together with the dimensions of the calculus, and its more rapid descent than that of others much less in size in the same patient, I think I can hardly be accused of undue boldness in expressing my belief that in appropriate doses *Podophyllin* does exert some expulsive action upon the ureters as well as upon the kidneys. The fear of doing serious injury to the ureters has since deterred me, however, from making any further experiments of a like heroic kind upon this or any other patient.

In conclusion, I may state that notwithstanding my general satisfaction with the lower decimal dilutions of medicine in the treatment of disease, I do not venture to say that in no case of illness can their efficacy be surpassed by any other, or by the CM., DM., MM., or CMM. so-called attenuations; but until a greater array of well-attested facts is placed before me than has been done as to the virtues of these inconceivable infinities I do not think I am likely to discard any well-tried remedies for what may after all be only a specimen of a vigorously shaken impure water.

300, Bath Street, Glasgow,
August 14th, 1884.

TEMPERANCE AND LIBERTY *VERSUS* TEETOTALISM AND SLAVERY.

By GEORGE DUNN, M.D. & J.P.

At a time when such strenuous efforts are made by Sir Wilfrid Lawson and his aiders and abettors, not only to shut up all places where alcoholic liquors are sold, but to put a stop to distilleries, breweries, and cider-makers, and, I presume, eventually to prevent the Mrs. Primroses of the present day from making cowslip or raisin wine, it behoves the friends of freedom and moderation to raise a warning voice against what would lead to strife and a revolution of the most appalling character; for it cannot be supposed that I and all those who partake in moderation of needful alcoholic stimulants are to be lectured and overborne by a small intemperate set of enthusiasts, who not only abstain from alcohol themselves (which no one has the right to

interfere with, or indeed wishes to prevent), but would not allow others, who know the value of alcohol, to partake of it. I could point out a very useful field of agitation to Sir W. Lawson and his friends. It is too well known that potables in many public-houses are largely and injuriously adulterated: let them insist on a strict analysis of the drinks served to the public, and let those who are found guilty of adulteration—be they brewers having powerful interests or publicans—be mulcted in large sums, their licences withdrawn, and their names published. The licensed victuallers are a most useful, respectable, and honourable body of tradesmen; it is unfortunately true that amongst them there are a few black sheep, who bring the great bulk of them into disrepute, but what body of the community is free from black sheep?—it is not the peerage, it is not the clergy, it is not the gentry or middle classes—but I venture to affirm that there are fewer black sheep amongst the licensed victuallers than any other body of equal magnitude.

Before any prohibitory measures pass the Legislature, Sir Wilfrid Lawson should prove the superiority of water-drinkers to those who partake in moderation of alcoholic stimulants; and I ask him to point out that superiority, whether of nations or individuals. As a nation, now extending unhappily over the fairest portion of the earth, the Mohammedan religion forbids its votaries the use of alcohol; and I ask what has this teetotal nation done for the world in general or themselves in particular? They are in abject slavery, and as ignorant as the negroes on the Congo; they have done absolutely nothing in art, in science, or literature; their customs are abhorrent to every civilised man or woman; they are allowed six wives, and as many concubines as they please. They inhabit the fairest portion of the earth, yet their productions do not suffice for their own wants. They are frequently visited by plague, pestilence, and famine, which enlightened governments have almost banished. In short, it is absolutely certain that they have shamefully retrograded. The teetotal nation having done nothing, I may now ask what individual teetotalers have done. I freely grant that Sir Wilfrid Lawson is a very sprightly man, but he will not lay claim to any great work done by himself or his teetotal friends, except harassing the trade of a most useful and respectable body of men, and perhaps wrecking a ministry. Now let us see what the much-reviled moderate partakers of alcohol have done for

the world at large and this fair country in particular. The ancient Persians were a great and enlightened nation, and the same may be said of the Babylonians, and more especially of the ancient Egyptians and Hebrews, who enriched the world with the sublimest works in literature, in arts, and science. Compare the works of the Egyptians of a former day, before they were water-drinkers, with those of to-day, under the crushing despotism of the Mohammedan religion, and see what a deplorable fall they have sustained. It may, and perhaps will be said, that there is no fear of England falling into such slavery and degradation; but if Sir Wilfrid Lawson and his teetotal friends succeed in their endeavours, and if teetotalism is carried to its logical conclusion, the distillers, the brewers, the hop-growers, the cider-makers, and even the Mrs. Primroses who make cowslip and raisin wine, will all be compelled to shut up distillery, brewery, and cider vats; and I have no doubt but that the chivalrous baronet would have all the vineyards of France, Spain, Italy, and Germany grubbed up, for if teetotalism is good for the sturdy Briton, why not for Frenchmen, Spaniards, Italians, and Germans? I maintain, without fear of contradiction, first, that alcohol in moderation is healthful for the body and indispensable for the intellectual man. I admit that very highly intellectual men have worked marvels without its use, and I call to mind the Right Honourable John Bright, who during his great labours in the House of Commons and on platforms was a consistent teetotaler; but he had to retire from public labour for one, two, and even three years, to recover exhausted brain-power, and it is my firm belief, although it is perhaps incapable of proof, that had Mr. Bright taken a moderate quantity of beer, wine, or whatever alcoholic drink his taste and constitution liked best, he would, like Mr. Gladstone, the late Lord Beaconsfield, and a host of public men, from Pitt, Fox, Sheridan, down to the present day, have kept at work without retiring from labour at all; for no one, I think, will deny that the intellectual labours of Mr. Gladstone are greater than those of any man since the days of Pitt; but he is not a teetotaler. Secondly, the teetotalers cannot claim for themselves, or water-drinkers throughout the world, that they live as long as the moderate-partakers of alcohol. A few examples of age will be sufficient for my purpose.

An Italian, Cornaro by name, who was given up by his

doctors at the age of twenty-one, lived to write a very good book at the age of eighty-four, and lived in comfort several years after; he drank a pint of wine daily. The late Lords Brougham, Eldon, Lyndhurst, and Palmerston, lived to great ages; they all partook of alcohol. That great and good philanthropist, Sir Moses Montefiore, now in his ninety-ninth year, is said to drink anything but sparingly of port wine; and all must trust and pray that he will be spared to do it for some years longer. The Emperor of Germany works very hard at State affairs, and he is in his eighty-ninth year; he is by no means a teetotaler. His great minister, Prince Bismarck, has had brain-work enough to kill a score of teetotalers for the last thirty years; how many schoppens of beer does he drink per diem? I have very imperfectly stated what the teetotalers have not done for the world, let us glance at what the moderate drinkers have done. In poetry, I may name Chaucer, Prior, Dryden, Milton, Pope, and Shakespeare, Crabb, Butler, Byron, Burns—not one teetotaler amongst them; in history, Hume, Macaulay, Froude, and many others, no teetotaler. The only one of any note that I know of is Dr. Samuel Johnson, who certainly in his latter years was a teetotaler; I do not know what his habits were in early life. Dr. Johnson in revenge drank seventeen cups of tea at a sitting; I question if even Sir Wilfrid Lawson can swallow so much. In war, Rodney, Drake, Nelson, Wellington. Who won for us that mighty empire of India? Clive, Warren Hastings. There is not one in the entire list can be claimed by the teetotalers; and it is not difficult to guess what would be the fate of England if Sir Wilfrid Lawson carried his revolutionary schemes. No one will deny that teetotalism is good for those who like it, and no one desires to interfere with them, or pour alcohol down their throats. It is also good—very good—for those unfortunate men and women who are not satisfied to partake of alcoholic drinks in moderation, but who degrade themselves below the brutes, and entail on themselves disease, poverty, and crime, and on their families, if they have any, the most abject misery. All allow that there is a great improvement in the drinking habits of the people, and all efforts should be made to foster temperance, but not by Act of Parliament. Example and education can do much, has done much, and will do more if not rudely interfered with. But why should I and all those who partake of alcoholic stimulants be punished for one intemperate man or woman

in a thousand? Teach people the value, the pleasures of temperance, but temperance in all things; in language, in which teetotalers are the most intemperate; in meat, in which it is said that teetotalers are by no means temperate. The object I have in view is to prevent, if possible and while possible, the desire of Sir Wilfrid Lawson and those Members of Parliament who seconded him, to further harass the trade of the licensed victualler, and to shut up all places of refreshment on Sunday or any other day. London is a cosmopolitan city; we have amongst us a vast number of Hebrews, whose Sabbath is not the Christian Sabbath; we have also a considerable number of Mohammedans and other religious bodies, all of whom we compel to keep our dreary Sabbath; and not satisfied with closing museums, picture galleries, Crystal Palace, and Zoological Gardens, but it is required to close still more than at present all houses of refreshment; so that poor men who can only escape one day in the week from a close workshop would be condemned to remain indoors, or if he ventured out with his wife and children would be debarred needful refreshment. Surely there is spirit and intelligence enough in Englishmen, Scotchmen, and Irishmen, to protest by their votes against such slavish and revolutionary measures as the teetotalers contemplate.

No one deploras more than myself the degradation that men and women fall into by drinking more than what is healthful to mind and body. I have been a lecturer on temperance throughout a long professional life, and am still an ardent advocate of the cause, but there is a wide gulf between it and forced teetotalism. Let the Salvationists, let the Blue Ribbon Society, let medical men and ministers of religion do all they possibly can to reclaim the drunkards, and show them the evil effects of intemperance to health, morality, religion, and well-being; but do not frustrate this teaching by advocating a system that would lead to strife, contention, and, in my opinion, to revolution.

MATERIA MEDICA LECTURESHIP.—Dr. J. Compton Burnett has resigned the post of Lecturer on Materia Medica at the London Homœopathic Hospital Medical School.

ALLOPATHIC APPROPRIATION.

By Dr. J. MURRAY MOORE, Auckland.

THE distinction between the Pharmacopœia of the old school and our homœopathic Pharmacopœia seems to bid fair to become very slight indeed, if we are to take a recent little book issued by Messrs. Evans, Lescher, and Webb, of Bartholomew Close, London, 1884, as an authority on the allopathic side. Comparing the second part of this trade advertisement, called "Notes on Recent Materia Medica," with the "British Homœopathic Pharmacopœia, with Additions" (third edition, 1882), I find the following remedies, which are universally recognised as homœopathic by our practitioners in all parts of the world, though I do not dogmatically assert that each of them was first introduced into clinical use by a homœopathic practitioner:—

Agaricus muscarius, Alstonia scholaris, Anacardium, Apocynum cannabinum and *Apocynin, Bryonia alba, Caiuca, Calendula, Cedron, Chelidonium, Cimicifuga, Collinsonia, Cotyledon umbilicus, Crotalus.*

The description of this last-named remedy studiously ignores any mention of Dr. Hayward, who we all know discovered, proved, prepared and introduced this valuable remedy into our practice. The mode of its extraction from the snake and preparation is taken from p. 156 of our Pharmacopœia without note or acknowledgment. Only in this phrase does the true source of *Crotalus* appear: "The third [*homœopathic*] dilution is used, three drops for a dose, in a spoonful of water, every three hours; or for subcutaneous injection, three to five drops of *first centesimal attenuation.*"

Continuing our list we find the following appropriations:

Grindelia robusta, Hamamelis, Hydrastis, Gelsemium, Hydrocotyle, Jaborandi, Kava-kava, Leptandrin, Lycopodium (first proved by Hahnemann, and used as an internal remedy), *Phytolacca, Podophyllum* and *Podophyllin, Rhus aromatica, glabra, and toxicodendron, Sanguinaria, Thuja occidentalis, Ustilago maidis, Verbascum thapsus, Vinca minor, Xanthoxylum.*

In no instance is the source given whence any of these have been imported into the Materia Medica. Therefore, after allowing for the few drugs derived from the Eclectic Pharmacopœia of the United States and from traditional use by aboriginal tribes, I conclude that a large residue are bodily and without acknowledgment extracted from the latest and best edition of our very excellent Homœopathic Pharmacopœia.

I may remark, in conclusion, that the use of sugar-coated pilules, called "parvules," is very prevalent throughout the colonies among patients of allopaths, and that they are largely prescribed by the fashionable practitioner of the old school in this city.

The full title of Messrs. Evans, Lescher, and Webb's little book is "Novel Counter Adjuncts, with Notes on Recent Materia Medica."

Auckland, New Zealand, May 15, 1884.

THE NEW BRECONSHIRE SPA—LLANGAMMARCH.

THE exodus to the far-famed wells of Wales has begun; and, should the migration continue to progress in ratio, as it generally does, we shall soon hear of crowded lodgings and prosperous towns and villages. But at the wells, as in most places, change will meet the visitor's eye. New buildings have been recently erected over Llangammarch Wells, with walks and other improvements, and there has been a reopening, with a good deal of pleasing ceremony, so that now to Llandrindod, Llanwrtyd, and Builth must be added another—that of Llangammarch. It lies between Builth and Llanwrtyd, and is easily approached from the Swansea direction by the London and North-Western, from Cardiff and Taff Vale, Brecon and Merthyr, Mid-Wales, and London and North-Western. Railway arrangements are good and fares cheap, and, judging from reports, tariffs at the new wells are most inviting. It was due to the energy and foresight of Mr. Smith, of Eppynt House, Llangammarch, to make the place one of attraction, and to tell more loudly and plainly of the rare virtue of its waters, and it is to be hoped that his effort will be crowned with a great measure of success. There is no reason why this invaluable mineral water should not be patronised without interfering in the least with the old resorts; Builth for its strong saline, Llanwrtyd for its sulphur, Llandrindod for its bracing plain and waters, and Llangammarch for a saline which contains most invaluable ingredients, notably *Barium*, "a rare constituent in mineral water." And it is not surprising to find that there are innumerable instances of persons who have derived positive and lasting benefit from its use. An

analysis of these famous waters has been made by the celebrated analyst, Dr. Dupre, which is appended below. The neighbourhood is remarkable for its mountain scenery, fishing streams, and most salubrious air.

Dr. Thomas, of Llandovery, has been in the habit of sending patients here for the last forty years, and we understand, upon good authority, that the late much-lamented Dr. Prestwood Lucas, of Brecon, was in the habit of recommending the Llangammarch waters.

Possibly it will not be amiss to give Dr. Thomas's opinion of the waters:—"I have much pleasure in stating that I have been in the habit of sending patients to Llangammarch Wells for the last forty years, and I have found by experience that patients suffering from scrofula, and especially from enlarged lymphatic glands, were greatly benefited by drinking the water. I could not satisfactorily account for the excellent results I observed until I saw the analysis of the water made by Dr. Dupre. I now believe the good the water did was greatly due to the large quantity of the *Chloride of Calcium* it contained, and, perhaps, also to the small, but sufficient, dose of the *Chloride of Barium* found in it. I have seen the water do good in the early stages of phthisis, and in cases of general debility. It is also very beneficial in some diseases of the liver, and in chronic jaundice. I believe this water is perfectly safe to take, and will prove very beneficial in many diseases. I hope it will soon become more generally known."

Historically and biographically the place stands well, for here were born the famous brothers Howel, from whom the recently deceased Rural Dean of Llangattock was descended; also it was the birthplace of Theophilus Evans, a littérateur of great attainments in his day, and whose grandson, the renowned historian of Brecknockshire, lies buried here.

We wish every success to the new Breconshire Spa.

LLANGAMMARCH WELLS, BRECONSHIRE.

(On the Central Wales Section of the London and North-Western Railway.)

Within the last year the saline water of these wells has been subjected to a searching analysis by Dr. Dupre, F.I.C., F.R.S., of London, and has been found to contain amongst other constituents an appreciative quantity of *Chloride of Barium*. With the exception of the Kreuznach Spring in

Germany, Baric Chloride does not enter into the composition of any other known mineral waters.

As a remedial agent, Barium ranks high in cases of strumous disease in its Protean forms—Glandular Enlargements, Scrofula, Chronic Rheumatism, and Epilepsy. It is also useful in other diseases, such as Liver Derangements, etc.

The complete analysis of the waters by Dr. Dupre referred to above is as follows:—

“The water is clear, of very slight saline taste, and holds but little carbonic acid in solution, and contains per gallon:—

Chloride of Sodium	... ..	189.56
” Calcium	... ..	84.56
” Magnesium	... ..	24.31
” Barium	... ..	6.26
Carbonate of Calcium	.. .. .	2.80
Silica	... ..	1.40

Total saline constituents per gallon... .. 308.89

“The characteristic feature of the water is the presence of a notable quantity of *Chloride of Barium*, and a consequent total absence of Sulphates. Barium is a rare constituent of mineral water.

“F. DUPRE.

“Westminster Hospital, August 23rd, 1883.”

Visitors wishing to derive benefit from the waters can be comfortably accommodated either at the Cammarch Hotel, or in the numerous private lodgings, and at reasonable prices. The surrounding scenery is good, the air bracing and invigorating, the altitude being about 700 feet above sea level, whilst the immediate contiguous Eppynt range, easily accessible, would give an additional 1,000 feet altitude, with extensive views of the surrounding country. The walks in the immediate neighbourhood are varied and interesting, and cannot fail to be attractive to visitors. The district is peculiarly rich in wild flowers and ferns of various and rare species; salmon and trout fishing can be obtained in the River Irfon and other streams. The pump-room is refitted and furnished with every convenience; lawn-tennis, croquet, and other amusements. Tourist tickets for one month are issued from the whole of the London and North-Western system.

Any inquiries respecting the waters, etc., should be addressed to Wm. Smith, Eppynt House, Llangammarch Wells, R.S.O., Breconshire.—*Communicated by Major Wm. Vaughan Morgan.*

VACCINATORS AND SYPHILIS.

THE Local Government Board has published the official records of Dr. Cory's experiments in vaccinating himself with the lymph from the arms of syphilitic children. Dr. Cory succeeded in inoculating himself with syphilis, using the *pure lymph without any blood*. His experiments conclusively prove, in the opinion of the committee appointed to examine them, and composed of Drs. Bristowe, Humphrey, Ballard, and Hutchinson, "that it is possible for syphilis to be communicated in vaccination from a vaccine-vesicle on a syphilitic person, even if the operation is performed with sufficient care to avoid the admixture of blood." The *Medical Record* says "the results of Dr. Cory's experiments are important and should be widely known, for if the lymph of a syphilitic is the bearer of contagion at one time it may be at another, even though there may be an entire absence of cutaneous lesions." One such well-attested fact as that established by Dr. Cory in his own person, counterbalances any theory to the contrary which can be advanced, and proves there is always danger in humanised virus, for if one disease can taint apparently pure vaccine lymph, many other diseases can also be communicated in the same manner.

VERIFIED PROVING OF LAC VACCINUM.

By J. C. BOARDMAN, M.D., Trenton, New Jersey, U.S.A.

1882, December 7th, 3.30 p.m.—Miss Ida V. took six dry pellets of *Lac Vaccinum* 200 (Swan). Prover was æt. 28, small, lithe, elastic figure, nervo-bilious temperament, in excellent health, had never taken much medicine; rather below medium height, thin in flesh. The proving was made under my inspection. Before the proving the urine was of density 1032, and dark. In a week it was 1020, and light and clear.

3.50 p.m.—Sensation like a fire-ball in each temple simultaneously.

4.30 p.m.—A creeping sensation, or screw-like or vortical motion, began over left eye, and continued upwards to the vertex; next the same motion or feeling began two inches behind left ear, and likewise went upwards to vertex; also a pressure on vertex, with a sensation of heat when hand was applied.

4.50 p.m.—Dull pain over right eye, and very slight dull feeling over left eye.

5.10 p.m.—A sharp pain appeared in a spot about the size of a quarter-dollar, on each side of the sternum and about the middle of the chest, attended with a sense of suffocation, as if needing more air for breathing.

5.15 p.m.—Burning sensation in the same region.

5.20 p.m.—Sharp aching pain extending across upper abdomen or epigastric region.

5.25 p.m.—The same pain extends across abdomen about five inches lower down (about an inch below umbilicus); it did not seem to involve the bladder; no rumbling or passing of flatus. Hands became hot and dry, a decided fever-heat of hands.

5.30 p.m.—Piercing or lancinating pain in each hip-joint, not severe. Aching pain along both thighs on outer side, and terminating in both knees.

6 p.m.—An ordinary headache or dull pain across forehead over both eyes, and towards temples to the spot where the fire-ball pain had existed.

8.30 p.m.—Retired to bed, still suffering as above, but slept well all night, and woke in morning free from pain.

Urine was not increased in the morning, but was dark red, without sediment.

The above pains in chest, abdomen, hips, thighs, and knees, were all felt on right and left sides simultaneously.

December 9th, 3 p.m.—Had a swelling or bloating of stomach.

5 p.m.—Had a dirty yellow-coated tongue, which felt parched; with thirst for cold water in quantities; drank three tumblerfuls during evening.

December 11th, 9 a.m.—Sharp pains in left lower chest, or in region of lower lobe of left lung; the pain was momentary, and did not return.

10 a.m.—Aching pains in both knees like a rheumatic pain; they began simultaneously in both knees, but the right was the most severe.

December 13th.—Urine continues unchanged in appearance.

December 20th.—Filled a very large iron spoon with the urine and boiled it for about twenty minutes; it left quite a mass of albumen, almost like the albumen of an egg, only not quite so white; the albumen was in volume about $\frac{1}{4}$

of the whole; specific gravity 1030. Yesterday the urine turned blue paper red; to-day it turns the red paper blue.

December 21st, 5.30 p.m.—Density of urine 1030; turns blue paper red.

December 22nd, 2.30 p.m.—Density 1020; turns red paper blue.

December 23rd.—I dynamised the 200th to the 300th potency, according to Swan's method, and gave prover a dose of eight or ten pellets at 9.30 a.m., remaining near to see if any effects followed. As soon as it produced symptoms she was so suddenly prostrated mentally and bodily that she was unable to collect her thoughts or use a pencil to write her symptoms; I was therefore compelled to witness and ask questions and record them. After the proving was nearly over she said she had so much mental confusion that she could not get mentally clear enough to feel her thoughts or express them. She could only give direct short answers to questions. As for writing her symptoms, she had no physical power to do it. I now give her words. 10.15 a.m.—Head feels all over heavy, dull, aching, drowsy, wants to go to sleep. Gait is unsteady. Must force herself to keep awake. Must force herself to keep her eyes open, for if she shuts them she cannot avoid falling backwards and down to the floor. Eyes have a blur, or dimness, or obscurity of sight, off and on for a few moments at a time. Ears felt stopped up; felt deaf in both ears, although she could hear as before. All the joints of body, particularly the knees, feel weak or powerless, as one would feel if half drunk. Fingers of both hands, particularly when stretched out, tremble or quiver, as from extreme weakness. Hours afterwards, on going upstairs, the knees as well trembled or quivered or were extremely weak, so as to be almost unable to take a step forwards. Felt like a tipsy person. At 10.30 a.m., sour taste; nausea, but no rising or vomiting. At 11.30 a.m. all symptoms subsiding gradually, but still a general trembling or quivering of the whole body, as well as the fingers. At 4 p.m. nearly relieved, except great physical prostration; mind is again normal. At 5 p.m. came into my office and said she still felt sleepy, and could have fallen asleep in a minute at any time during the whole day. This evening boiled for twenty minutes another large spoonful of urine just voided; it showed no albumen, but looked sugary. At 8 p.m. says she has tried drops of urine on marble; she says the drops are dry, and now she feels a stickiness as of syrup.

To-day, at 11 a.m., density of urine 1022, turning red paper blue; at 3.30 p.m. the same, but density 1025.

December 24th, noon.—A clammy, sticky coldness in both hands and both feet simultaneously. General nervousness, with depression of spirits, feeling as though about to hear bad news.

4 p.m.—Sharp pain began in right chest, about three inches below clavicle; it passed upwards to top of right shoulder, then down arm and forearm to thumb, and then passed off. The following night aching pains in bones from both hip-joints to both feet; simultaneously also burning sensation in both feet, with general restlessness, and bad dreams of trying to lay out or dress a corpse, etc. The burning in both feet was simultaneous in point of time. At 11 a.m. density of urine 1028, turns blue paper red; at 8 p.m. density 1025, turns red paper blue.

December 25th, noon.—Sharp pain under left scapula, about three inches down from top; it then passed upwards to top of left shoulder, then down arm and forearm and hand to the four fingers of left hand, and then passed off. Soon afterwards an aching pain was felt in left hip-joint, which soon passed off. All the above symptoms are quite new to her. At 8 a.m. density of urine 1028, turns blue paper red; at noon density 1010, turns blue paper red.

1883, January 10th.—Took *Lac Vaccinum* MM (Swan) in morning.

January 11th.—In afternoon was obliged to urinate every fifteen minutes, in large quantity each time; was afraid to go across the street to a store for fear it would overtake me before I could return; it all passed off the same night. The density of urine varied during a few days from 1018 to 1028, colour clear, odourless, acid reaction.

January 26th, noon.—Dissolved *Lac Vaccinum* B (Swan) in twelve teaspoonfuls of water, and took a teaspoonful every hour for three doses. At 2.30 p.m. blindness of both eyes, which came on three or four times in succession, lasting only a second at a time, then passing entirely away, leaving a pain in each temple, on top of head, left ear, and below left ear in the neck. Also pain on left side of head, extending from neck to top of head, and a chilling sensation with it. A slight fever over the entire body, with a moisture in both hands, and aching in legs from thighs to knees, both sides simultaneously. At 3.30 p.m. all these symptoms passed away except pain on top of head, which feels as

though something heavy were laid there, and occasionally a sharp pain in both eyes simultaneously. At 9 p.m. density of urine 1020; turns blue paper red.

January 27th.—Woke in morning with an aching pain all over head, most severe in occiput. At noon density of urine 1020, turns blue paper red; at 4 p.m. density 1025, turns red paper blue.

January 28th.—Woke with the same symptoms; both to-day and yesterday they soon passed away. In former times when bilious has awoke with similar symptoms, *but not so severe.*

CLINICAL VERIFICATIONS.

(1) Mr. Charles M.—complained of severe headache across forehead to both temples; had had it more or less for two or three days, but yesterday and last evening it was severe. Gave one dose of *Lac Vaccinum* 200 (Swan), and in about five minutes, as he was leaving my office, he said the pain was passing off.

(2) A large, stout, brawny German mechanic complained of severe pain on each side of sternum, about an inch or more from sternum and middle of chest. One dose of *Lac Vaccinum* 200 (Swan) removed it in about three minutes.

CAUSE OF THE INCREASE OF CANCER IN ENGLAND AND WALES.

F. B. JESSETT, F.R.C.S., regards the increased death-rate from cancer, to which attention had been drawn by the Registrar-General in his last annual report, as signifying a positive increase in the prevalence of cancer, rather than as being open to explanation on the ground of greater accuracy of diagnosis, as suggested in the report. On examination of the statistics for ten years, the increase was found to be from 9,945 deaths registered in 1872, to 13,542 deaths in 1881; or, taking the death-rate, from 431 per 1,000,000 in 1872, to 520 in 1881. On analysis of the Registrar's returns for the different counties, the death-rate from cancer in the fen-districts was seen to be much higher than elsewhere, with the exception of London, Devon, Somerset, Gloucester, and North Wales, which places the author excluded from account on special grounds. Cancer

was more rife in low-lying, damp situations; but heredity, increased by intermarriage, had probably much to say to its prevalence in the "cancer-district"—the fen-counties above alluded to. The increasing mental strain in the struggle for existence might tend to account for the increased development of cancer among persons predisposed, and these points ought to be borne in mind in advising those predisposed to the disease.—Dr. Herbert Snow thought that epithelioma ought to be separated from carcinoma and sarcoma in any classification, and that the absence of this subdivision vitiated the statistics of the Registrar-General. He thought nervous depression had much to do with the causation of cancer. Epithelioma was a purely local disease, in the causation of which heredity played no important part.—Mr. Harrison Cripps said that some calculations he had made about eight years ago from the Registrar-General's reports had led him to results so startling and paradoxical as to be inevitably inaccurate. He had come to the conclusion that the returns were all vitiated by the frequent alterations made in the mode of classification. For instance, the death-rate seemed to be higher in London than elsewhere, but further investigation showed that the rate differed very greatly in different districts; thus, taking the average of ten years, in the West End it was double what it was in the East End of London. He could not see that Mr. Jessett had adduced any statistics affording any real evidence that cancer was due to worry. Education, at any rate, could not at present be credited with causing an increase in the death-rate from cancer. The hospital-patients who now suffered from cancer had not suffered from modern educational theories; neither could it be said to be especially common among the professional classes, but rather the contrary. He thought there was a strong probability that too much was made of the doctrine of inheritance; it was founded on two species of evidence—common notoriety, and statistics. In Sir James Paget's statistics of 460 cases of cancer, there was a family-history in 1 in 4, but in only 37 cases were the parents affected, or only one parent in 25. The evidence with regard to heredity through members of the family other than parents Mr. Cripps rejected, for reasons assigned in a paper published in the *St. Bartholomew's Hospital Reports*, vol. xiv. He had collected statistics of 180 cases in St. Bartholomew's Hospital, and found that the number of cases in which the parents had suffered from cancer was 1 in 28. Now, taking

the returns of the Registrar-General for the ten years 1861 to 1870, he found that in round numbers 2,000,000 people died above the age of twenty years, and that of this number 8,100 died of cancer, so that in the whole community the death-rate from cancer was 1 in 29 of the deaths above twenty years of age; from this it appeared that the death-rate from cancer among the parents of cancerous patients was little if at all above that among the whole community, and that cancer in the parent in no way increased the liability of the offspring to suffer from the same disease.—*Roy. Med. and Chir. Soc., April 22.*

SALT FOR LIVE STOCK.

“WHAT are all those lambs doing round that black object over there?” inquired a city friend who a day or two ago was walking through the sheepfold with us. “Oh,” we replied, “they are waiting their turn to get to the salt.” He was somewhat surprised when we reached the “black object” to see a large roofed box with open sides, resting on wheels, and containing a lump of coarse, reddish rock-salt, weighing, perhaps, half a hundredweight, and so well licked that its surface was all curves and no corners. No doubt all stock-keepers who understand the cravings of horses, cattle, and sheep take care that salt shall always be within their reach, though it is seldom necessary to force it on their attention. Young stock are particularly fond of it, and when lambs are folded on a rich green breadth of vetches, trifolium, and winter barley, as in the case just referred to, or on cabbage or rape, they always appear to us to pay special attention to the salt-box. We have seen a lamb go to the salt as often as once and even twice an hour; he doesn't take much of the mineral at each visit, simply licking the lump three or four times, then pausing and looking round with an appearance of quiet satisfaction surrounding him, and finally walking off for fresh supplies of green food, but only presently to return again. A small modicum of salt in or with the food is essential to the life of the highest animals. It is composed of the metal sodium and the non-metal chlorine, the former being an indispensable constituent of that important digestive fluid, the bile, which is secreted by the liver, and the latter entering into the composition of the gastric

juice which is poured into the stomach from the secretory cells of its lining membranes. The elements of common salt also enter into the constitution of the blood. Of the ordinary foods given to farm stock, common salt is most abundant in mangels, but even then in small quantity; in grass and other green fodder its proportion is even less, while in wheat, barley, oats, and in meals made from these grains, as also in potatoes, salt is absent. Vast herds of buffaloes will travel hundreds of miles to reach the salt springs of North-West America, and in the central parts of South Africa the hunter who conceals himself beside a brine spring never has to wait long for his prey. Let the animals find they can get salt when they require it and they will be sure to take such quantity as nature demands, while their own instinct will guard them from erring on the side of excess. Our live stock, like ourselves, should take their food *cum grano salis*.—*Stock-keeper*.

CIDER AND ITS ANTI-CALCULOUS PROPERTIES.

THE *St. Louis Clinical Review* quotes from a writer in the *Gaz. Med. de l'Algerie*, who calls attention to a recent publication by a pupil of Dr. Denis-Dumont, surgeon-in-chief of the Hôtel Dieu, of Caen, which professes to demonstrate that cider is the enemy of stone in all the varieties of calculi which, from one cause or another, affect the bladder. During a long experience in the hospitals of Caen, Dr. Denis-Dumont was struck with the almost complete absence of patients affected with stone—almost complete because there were a few cases whose habitual beverage was wine. On treating these cases with cider, they were either considerably benefited, or entirely relieved of their malady. Struck with these facts, Dr. Denis-Dumont entered into correspondence with a large number of the medical practitioners of Normandy, principally those who practised in localities where cider was the common and almost sole beverage. Of these practitioners, some of whom were of forty years' experience and longer, none had treated a case of stone. If they had treated any affection allied to stone, it was in cases where cider was not the ordinary drink, or it was due to some foreign cause. As a consequence, he has collected a mass of valuable observations which confirm his conjectures, and support him in formulating the proposition.

that cider is not only a prophylactic against the formation of stone and other affections of the bladder, but also that it is an energetic curative agent, when in a condition to be absorbed, like any ordinary drink, and brewed in the best manner. Cider, even in Normandy, is frequently improperly made—but it would seem that bad cider is not worse than bad wine. The writer, using the precaution to declare that he is not of Normandy, goes on to say, with the effusion of a Frenchman, that if the results of Dr. Denis-Dumont are admitted, they will furnish cause enough for the encouragement of plantations of apple-trees, and for the fabrication of a beverage which laughs at the phylloxera, which has been served on the table of the Queen of France, to Saint Rade-gonde; which Charlemagne did not despise; which was celebrated after the epic mode in a Latin poem dedicated to the glory of Philippe-Augustus by Guillaume le Breton, and which François the First appreciated on his visit to Normandy.

STRICTURE OF ŒSOPHAGUS CURED BY CUNDURANGO.

By J. COMPTON BURNETT, M.D.

ABOUT a year since I was consulted by a gentleman between fifty and sixty. The gist of his complaint was this: A twelvemonth ago he had first noticed an uneasy sensation behind his sternum, about corresponding to the cardia; it was worse when he was swallowing, and at the time of his consulting me it had become a serious affair, because every mouthful seemed to stick at the spot—which he described as *burning*—and he had become very anxious because of the increasingly difficult passage of his food through the gullet. He was very pale and thin, almost cachectic. "Everything seems to stick just here, and it burns and smarts whenever anything passes." His lips were very pale, and his tongue exsanguine.

My diagnosis was *incipient stricture of the œsophagus*: that there was a genuine stenosis was certain, for the gentleman complained of his food being arrested in its downward course; everything seemed to stick at the indicated spot; the burning sensation was not that from pyrosis, because it was only at one spot, and did *not* rise from the stomach, as it must have done had it been from heartburn, but was started by his food and drink in their way *down*. Moreover,

the obstruction was *constant*, and becoming progressively, and slowly, worse. Considering all these points, and the age and look of the patient, I felt warranted in asserting that the stricture was organic stenosis, and not merely spasmodic. It did not appear to be an œsophageal ulcer with spasmodic stenosis, because the burning and smarting were not sufficiently intense, and besides it had lasted a year.

I prescribed *Cundurango*, because of its affinity for the œsophagus and stomach, and because of the exsanguine condition of tongue and lips. I gave the first dilution—fifteen to twenty drops a day, in accordance with Prof. E. M. Hale's law of dose.

Patient continued with his *Cundurango* drops for four or five months, steadily mending all the time, and finally reporting himself quite well. He could swallow without any difficulty whatever; he had become comparatively ruddy, and his lips and tongue were of their natural pink-red colour. He was still well *yesterday* when I saw him.

I have already published this in the *American Homœopath*, for which journal it was written.

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

Order 4. PAPAVERACEÆ (*continued*).

Chelidonium majus (Celandine, Greater Celandine, Tetterwort).—Found abundantly in many parts of this country, especially near villages or houses, also in most parts of Europe. This valuable drug was formerly used as an aperient and diuretic, and was recommended as a remedy in jaundice when not accompanied with inflammatory symptoms; but if not administered with caution it caused irritation of stomach and bowels. When collecting this plant I have been asked by country people if it is not a good thing for the liver. It was also used in dropsy and in cutaneous complaints. The fresh juice is used to destroy warts, and diluted with milk to remove films in the eyes.

Jahr gives a proving of this drug, which, amongst other things, produces great costiveness, followed by nightly mucous diarrhœa, pressure on the bladder in the daytime with little discharge of water, also copious discharge day and night. Pains and stiffness in right side of neck, cramp-like

pain in the right shoulder, hindering the motion of the arm; weariness and lassitude of the limbs, difficulty in moving the limbs quickly, dread of motion, yawning, feeling of drowsiness. Great laziness after a meal, with drowsiness and indisposition to work; in the morning felt so weary could not get up.

Order 5. FUMARIACEÆ.

Corydalis lutea (Yellow Fumitory on old walls).—There is no proving of this pretty little plant; it is probably similar in its action to the American plant *Corydalis formosa*, of which there is a proving in Hale's *Materia Medica*.

Fumaria officinalis (Common Fumitory).—From *fumus*, smoke, because the juice, when dropped into the eye, produces the same sensation as smoke. It was formerly in esteem in many disorders of the skin of the leprous kind.

Order 6. CRUCIFERÆ.

Nasturtium officinale (*Sisymbrium Nasturtium*, Water-cress. Named *Nasturtium* because the seeds when bruised irritate the nose).—This plant is known to every one, and is found in all parts of this country in watercourses, and is also extensively cultivated as a salad. Its virtues are many. It is officinal in the French pharmacopœia, and is used in various affections of the skin; it is given as a remedy in certain forms of cancer; it is an ingredient in nostrums for the cure of cancer. There is no proving of this drug; the tincture made from the plant when in flower and seed may be had of any homœopathic chemist.

AN EXPENSIVE PRESCRIPTION.—It is scarcely credible, says the *Allgemeine Wien. Zeit.* (May 6th), but it is quite true, that in Vienna, the "seat of the most renowned faculty in Europe," a young physician has prescribed gold—the inutility of which in the treatment of disease has been acknowledged for the last 200 years—for the relief of an obstinate nervous affection. The prescription for forty or fifty pills costs twelve florins, so that their prolonged continuance will need the purse of a Rothschild. Thus far the patient finds that they lie very heavy at his stomach, and his health is rather worse than better. So it ever will be by adopting Allopathy. Try the 3rd homœopathic trituration, or the 6th solution—it will be found cheaper and more curative.—*R. Tuthill Massy, M.D.*

HOMŒOPATHY v. ALLOPATHY.

By DR. REGINALD JONES.

COMPARISONS are odious. So runs the old proverb; but there are occasions when comparisons are very useful and the reverse of odious, except perhaps to the Allopath. There is a very common idea in the minds of many that "Homœopathy is so slow," it may do for chronic ailments, but certainly not for acute disease. A lady patient of mine was once asked, "But would you trust it (homœopathic treatment) in a dangerous case?" Her reply is worth remembering, and it was this: "In ordinary and simple cases Allopathy or anything else will do, but in desperate cases nothing but Homœopathy for me." Now, Mr. Editor, I want to preach a short sermon, using her reply as a text, and I wish to show that comparison is very useful to prove a truth; and the truth I want to impress is the great superiority of Homœopathy over the so-called old or orthodox system of medicine. But before I go further, it is worth while to ask, is Allopathy the old system? A gentleman once wrote to me as follows: "We are all very much pleased with your treatment, but my wife has her own idea, and would like to try the old system in her case, etc." I wrote in reply, "When you speak of the old system, to which do you refer? If to Allopathy, I beg to observe that it is the new system. Look back ten or twenty years. Bleeding was then in vogue. Every chemist had his leech pot. Where are they now? Blistering, purging, vomiting, huge doses of medicine. A dozen drugs in a bottle, 'when taken, to be well shaken.' Patients used worse than animals, thus was the old system. But now how altered; why, its best friends would not know it, so homœopathised has it become. But Homœopathy is now what it was eighty years ago. Now Allopathy is the *new* system, and *ours* is the old." I think he saw it. But now for a few cases. In the *Lancet* of July 26th, 1884, page 176, the treatment of a case of choleraic diarrhœa is given. Dr. Illingworth was called to a case. The patient was found very weak. Profuse watery motions ran from him "like a tap," without pain. Vomiting set in, and the purging and vomiting occurred every ten minutes. A large mustard poultice was ordered to be applied over the abdomen and to be kept on as long as it could be borne. I knew a case in this neighbourhood of bronchitis that was "mustard and plastered" until the skin came off, and the poor fellow died. A mixture

was ordered of half-dram doses of 1 in 20 acid carbol, 15-minim doses of solution of morphia, 20 minim doses of aromatic spirit of ammonia, in an effervescing mixture every two hours; in a short time (twenty-four hours) he was able to come downstairs, but was very weak. Now, last Sunday (27th July) I was called to a similar case, as bad as the one I have quoted, but complicated with a fit. Well, I ordered two drop doses of *Veratrum Alb.* No. 1, a dose every half-hour. This was at 5 p.m. I called again at 9 p.m. The report was: "Only one motion since you were here, and not any vomiting." I found the patient sitting up, quite jolly, but feeling sleepy; ordered the same medicine every two hours. Noon next day patient was downstairs sitting at the head of his table and carving for his family, and quite well. This, I think, is one good comparison. Now for a second. A case of chronic dysentery. Mrs. R.—, aged about 40, had suffered from chronic dysentery of three years and a half. Had all the time been under the care of a Rockferry doctor. Had been dosed, *secundum artem*, with castor-oil and laudanum, morphia suppositories, injections of starch and opium, scores of bottles of medicine, powders, pills, etc., but all to no purpose. She had never had any ease, and after suffering many things at the hands of her physician "was nothing bettered, but rather grew worse." At last she came to me. I ordered *Merc.-Cor.* 3x, gr. ii.; *Ipec.* 1, gr. ii., a powder every six hours. She returned in a week and reported that she had been absolutely free from pain for the past five days, and all discharge had ceased. *Rep. ter die* for another week, at the end of which she reported herself quite cured. I got a guinea, her former adviser and the druggist about £100.

Case 3.—Mrs. S. suffered for five and a half years with an ulcer low down in the throat; could not sleep a night for a tickling cough. When she first went to bed slept about an hour, and then awoke coughing. Cough was dry with a feeling of crawling in throat, feeling as if something stuck in the throat like a crumb. Had been under constant treatment by a practitioner in the neighbourhood, and had consulted a doctor in London and also in Edinburgh and Glasgow. Used gargles and any quantity of medicines. Ordered *Lachesis* 6, a dose three times a day. First night slept well, and did not awaken until the next morning. Continued for a week, at end of which time felt quite well, and made a mortal enemy of her former doctor.

Case 4.—Mr. B., rheumatism chronic, four months' stand-

ing, attended three or four times a week by his doctor. Wearied with the unsuccessful treatment he came to me. Ordered *Sulph. 6, bis die* for one week. Then *Rhus Tox. 3*. Cured by end of second week.

Case 5.—Miss S., rheumatism in right hip-joint for five years, rendering her quite lame. Continual attendance by her allopathic doctor without the slightest benefit. *Sulph. 6* for a week once a day, followed by *Rhus 3* every four hours for two weeks. Cured. A slight return about twelve months afterwards; same treatment put all right in a few days, and she remains free to the present.

Case 6.—Mr. J., fissure of anus. Has been under treatment six months, and all the time suffered agony, in spite of lotions, unguents, and general tonic treatment. Ordered *Acid.-Nit. 1*, two drops every two hours. Two days afterwards no improvement. *Acid.-Nit. 6 ter die*. Second day quite free from pain, and has remained so ever since, now twelve months.

Case 7.—Mr. J., fistula in ano. Was operated upon by a neighbouring practitioner four years ago very slightly, and remained in bed for three weeks. This time was very much worse, and operation much more extensive, after being put under chloroform. I cut the bowel the whole length of the fistula, about three inches. The after treatment consisted of *Arnica tinct. 1*, every three hours, and dressed the wound first with *Calendula* lotion, 1 in 10, and in a few days with *Ol.-Carbol.*, 1 in 40, and *Calendula*. In ten days was on his father's farm in Wales shooting rabbits, and quite well.

Case 8.—Mr. S., fistula in ano. The fistula was about three and a half inches long, and came out about two inches from anus. Patient a very big man, very stout. Operated on a Sunday morning. Treatment afterwards similar to the foregoing case. In four days was up, and on the next Saturday, six days from operation, was at his stall in the market (patient is a butcher). In two weeks quite well.

I must not trespass further on your valuable space, but I hereby challenge the whole allopathic school to beat these cases if they can.

By the way, as I am on the subject of fistula, I may just mention one more case. I operated some four years ago on a lady in Liverpool; she had a double fistula. In a week after the operation I went over to pay her a final visit, and to allow her to come downstairs. As I was walking along the street I overtook a gentleman walking very lame. I

thought I knew him ; so overtaking him I discovered an old friend. "Why, George," said I, "what is wrong with you?" "Oh," said he, "I have been operated upon for fistula." "Why, my dear fellow," I said, "you should not be out so soon." "Soon!" said he, "why, it is nearly four weeks ago since I was cut." "Why," I said, laughing, "I am going now to see a lady upon whom I operated only a week ago, and she is now well. Try a homœopath next time." And I left him a sadder but perhaps a wiser man.

Now, Mr. Editor, I must close, but will, if you allow me, give you some more cases next month.

Hamilton Square, Birkenhead,
August, 1884.

HOPE AS A REMEDY.

DR. M. GRANVILLE lately published a letter in a contemporary entitled "Hope as a Remedy against Disease," and although very much overdrawn, still it is full of common sense. He says:—

Almost every family in the land has some death-stricken member condemned of the doctors, and living, if not in a spiritual sense, bodily, through fear of death, in bondage, with such overshadowing of life by death as is caused by the perpetual consciousness of suffering under, or being affected with, "incurable" disease. As a matter of fact, the proportion of persons afflicted with mortal maladies who contrive to live to a respectable old age is considerable. Nevertheless they are for the most part very miserable, and their lives are wondrously tremulous and feeble, not because there is any real cause for the persistent depression under which they labour, but simply because they are, or believe themselves to be—since they have been so informed—death-stricken, bearing always in their bodies some organic disease which must ultimately kill them. So sure are they and their friends of this fact that the only question which is seriously entertained in connection with these cases is, whether they ought or ought not to be in full possession of the terrible secret. I say in "full possession," because it scarcely ever happens that the sufferer from "incurable disease" is not so far aware of the real or supposed nature of his case as to be practically scared or hopeless.

Now, the first observation I am anxious to make is, that in the majority—yes, without hesitation, I affirm, the majority—of these cases it is not true that the lives of the condemned will be one year or even one day shorter than the average longevity of persons of their age and class who are presumed to be perfectly healthy. I will go further and say this—the dread they endure and the precautions they are compelled to take not only do not tend to lengthen their lives, but are calculated to abridge them. Long and careful observation of what are called “diseased lives” has led me to the conclusion that, eliminating the depressing and morbid influence of that self-consciousness which is bred of a condemned or suspected life, a man is just as well as he feels taking the average of a sufficient period to cover the cycle of an average mode of existence. Most lives, however monotonous they may be, are marked by a certain rhythmical succession of “ups and downs.” Take the mean of these, and that will be the standard and base of probabilities as regards the reasonable “expectancy” of life, let what will be the matter with the individual. Disease kills more victims through the mind than by the body. If medicine were so precise a science that a “prognosis” could be worked out on trustworthy *data*, something like authority might be held to attach to the *dictum* of the family doctor or consulting physician; but this is not the fact, and observation and experience combine to show that the duration of any particular life is beyond ken and out of reach of even shrewd guessing until the approach of death is indicated by signs intelligible to all. I have seen men and women with “mortal” disease live long years, and—which is more remarkable—to all seeming recover after the healthy have passed away. Patient often outlives doctor. The anxious watcher by the bedside of a dear one, who is “dying,” dies, while the object of his solicitude lives to weep over his grave. In short there is nothing certain about the forecast which science enables a physician to make until, as I have said, the case is so obvious that all may see it. This is the net result of the observations of those whose lives are spent in making forecasts commonly falsified.

What is the moral to be drawn from these general conclusions? Simply this—let no one, young or old, be so foolish as to be depressed by the *dictum* of the physician or surgeon who with portentous shake of the head, gives a despairing opinion. I repeat that I believe more persons are killed by “the fear of death” than by disease.

I know these assertions will be stigmatised as rash, and I shall be condemned for making them; but I do so advisedly. I believe medicine as a science discredits medicine as an art. I am quite sure it does so as far as prognosis is concerned. On the other hand, medicine as an art owes as much, or more, to the ministry of hope as to the influence of drugs. There is nothing strange in this, because the brain, or mind-organ, is fully as much part of the body as the liver or the heart; and as the physician gives a drug to act on these last-mentioned organs, he—consciously or unconsciously—administers a stimulant or a depressant by his words and ways in the sick-chamber. Manner is not less important in this respect than language. No one who watches the social events happening around us can well fail to notice that—if it be only physically possible—the appearance of certain consulting physicians at the bed-sides of patients in desperate circumstance is the harbinger of “a change for the better.” Is it the improved treatment that produces this satisfactory result? Certainly not. Treatment is seldom greatly changed by the most successful consulters. The “ordinary medical attendant” is nearly always, in this day of fairly general proficiency and expertness, the best judge of drugs and methods of treatment. It is the appearance on the scene of an inspiring and trusty adviser, whose mere presence exorcises the spirit of despair and rouses the whole nervous system, physically and veritably, by the influence which his cheery countenance and hopeful mien exert on the highest nerve centres in the brain, exciting them to new vitality, and enabling them to call up the reserves of strength to the help of the flagging vital energies and the conquest of disease. Whether in the cases of those who, while still active, are believed to be affected with “disease that kills,” or in the cases of those who lie prostrate under the crushing onslaught of acute illness, hope is one of the most powerful restoratives; and it is much to be regretted that the tendency of modern, and particularly of very recent, medicine is to lay claim to a gift of prophecy as regards the issues of life and death which does not actually exist, and which, if it did, would be one of the greatest ills with which human nature could be afflicted and oppressed.

Obituary.

ALFRED BEAVER BROWN, ESQ., L.R.C.P., L.R.C.S.E.

OUR friend, Dr. Beaver Brown, of Sheffield, died of phthisis pulmonalis on July 27th, at an early age. He was formerly house surgeon at the Hardman Street Dispensary, Liverpool, and there earned the respect of his colleagues in Liverpool, where he subsequently started in practice. Some years since he just began to devote himself more particularly to the gynæcologic branch of the profession, but soon gave it up to devote his time to practical and pharmaceutical chemistry in connection with his father, Mr. G. B. Brown, of Sheffield. Dr. Beaver Brown was most notable, perhaps, as a musician. His love for music was intense, and his skill as a pianist was very great. Indeed, music seemed an all-absorbing passion with him, but he could not be induced to adopt it as a profession. He passed the bourne not without hope, and this comforts those to whom he was dear.

LITERATURE.

HISTORY AND PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR THE YEARS 1881-2-3.

THIS big volume of "Proceedings" is published officially by the Association, and although it contains a good deal of rubbish—which is a property of all such publications—it is not without historical and practical value.

We like to see plenty of schisms, if there be good grounds therefor, and the members of the International Association appear very certain that the American Institute of Homeopathy is too eclectic in its views. We hold the same opinion, but cannot see why such a splendid body of men as the members of the American Institute undoubtedly are, for the most part, should be other than fit companions for the most strict Hahnemannians. We think it a wise policy to have a big doorway for large numbers, and the law of similars as the leading light in therapeutics is bond enough.

Personally we could not sign the first preamble of the I. H. A., for the good and sufficient reason that it is not true; but apart from these shackles of bondsmen, we have very strong sympathy with the tenets of the I. H. A., barring the finality notion. The work before us contains some good papers. That by Dr. Geo. F. Foote has the right ring about it; it is entitled "*Similia Similibus Curantur*," and comes straight out of a beautiful soul.

Dr. Adolf Lippe contributes "Clinical Reflections," etc., and, as usual, growls most spitefully. Lippe would be a greater man if he did not growl (it is his own word) so very, very much, and so altogether never-endingly. *Cui bono Amice?* Why so querulous? Dear old Hering used to "cuss" in big broadsides, but Lippe snaps and snarls everlastingly. We think his liver must be wrong. Our American cousins sometimes preserve good old word-forms, and on the whole have decidedly enriched and expanded the English tongue, but the American "diagnosticate," so much fondled by Dr. Lippe, is a miserable mongrel on stilts. What's the matter with "diagnose"?

Dr. C. B. Wells, in "Carcinoma" (p. 173), affords healthy reading, but why not give the "many other similar cases" (p. 176)? Such cases, really cured, are rare over here, and we should have very much liked to read a few of them, with the remedies duly diagnosed.

One does not quite know what to make of Dr. Swan's "Proving of *Ovi Gallina Pellicula*," p. 248. The Latin strikes us as being rather foggy; and likewise that on p. 249, where Dr. Swan says, "I noticed in a recent number of the *Investigator* results obtained by Dr. Edson with *Ova Testa*, or toasted eggshell." The words *Ova Testa* mean nothing.

On p. 71 there is a paper by Ad. Fellger, M.D., entitled "*Magnus (!) est Veritas et Prævalebit.*" One finds the same gross error in the index. Such things ought not to be found even in the "Transactions" of poultry fanciers, much less in those of learned physicians.

In Dr. Lippe's second paper, "Clinical Reflections," p. 262, we find room for still further reflections; in fact, we wish to reflect upon the speciousness of the quasi-homœopathic mode of prescribing of Dr. Lippe. The case had many of the ordinary symptoms of hydrophobia—"strange spasms"—and evidently Dr. Lippe did not quite know what to give, and finding that the patient had strangury also, he forthwith gave *Cantharides* 200 (Jenichen)—for the strange

spasms simulating hydrophobia! We all know that almost everybody would at once think of *Cantharis* in strangury, and give it, too, without any of those additional quasi-cabalistic parenthetic names. *Cantharis* will cure strangury because it is homœopathic thereto, and it will act quite as well when prepared by John Jones as by Jenichen.

Evidently Dr. Lippe's conscience of homœopathician smote him for giving *Cantharis* for hydrophobia-like spasms, because the patient had strangury! How seeketh the vituperative homœopathician to save himself? He exclaims (p. 263), "There could not be the slightest doubt but that *Cantharides* covered the totality of the symptoms"!! Oh, fie, Dr. Lippe! What if such a thing had been said at the A. I. H? Evidently he gave *Cantharis* for the strangury, and the spasms disappeared also. What sad decadence at the very initiation of the I. H. A.!

It turned out that the symptoms had been set up by aid of turpentine applied to patient's feet, and this leads to a very fatal error on the part of Dr. Lippe, for, dreadful to relate, he actually repeated the dose of the remedy; and why? Because (p. 263), "no doubt some turpentine was still retained in the feet"!

And why *Cantharides*? What is the matter with *Cantharis*? Do we say *Vespæ* or *Apes*? This very common prescription of *Cantharis* for strangury—as old as the hills—is related by Dr. Lippe in such a puffed-up, boastful way, that we thought it worth while to refer to it. We find no fault with the prescription itself as a rough-and-ready traditional one, but the amount of glory claimed for it is ridiculous.

If anything, our veneration for Hahnemann is excessive, but the attempt of a body of physicians to block the path of progress in medicine by setting up the "Organon" as a veritable Bible is altogether unworthy of men of mind. Study the "Organon" by all means; follow its teachings closely; thank God daily, ay, hourly, that Hahnemann lived; but deliver us from the stultifying effect of pretended finality in the world of thought and knowledge. Too many of the cases of disease that come before us are *not* cured by *any* of us, therefore—Excelsior! *Licht! mehr licht!*

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA.¹

THE first edition of this work was so recently noticed in our pages that we need now merely call attention to the appearance of this second edition, revised and augmented by Professor J. T. O'Connor. Undoubtedly it is already justly regarded as the standard work on the subject.

The first edition called forth some animadversions from various sources, but no one expects much originality in a Pharmacopœia nowadays; it should be fairly complete and thoroughly reliable. At this edition no dog barks. The book itself is handsome and elegant beyond praise.

This notice should have appeared just a year ago, when it was written. Then, why so late? We put the MS. between the leaves of the work, and it was only unearthed a few days ago when we were referring to the work. Hence the delay.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

DR. CLARKE ON M. PASTEUR'S "CURE" (?) FOR HYDROPHOBIA.

SIR,—Will you allow me to inform your readers that the communication on the above subject inserted in your last number is entirely misleading? *M. Pasteur has found no cure for hydrophobia.* He says he must multiply his experiments to an "infinite extent" on "all kinds of animals" before he dare try it on man. He has had plenty of offers from human subjects, bitten and unbiten, and has refused to risk his "cure" on any! His proposal is a cheerful one. The virus of rabies will not keep longer than a few days; consequently, supposing his theories were to prevail, every town would have to be provided with a hydrophobia-propa-

¹ The American Homœopathic Pharmacopœia. Second Edition. Thoroughly revised and augmented by Joseph T. O'Connor, M.D., lately Professor of *Materia Medica and Toxicology* in the New York Homœopathic Medical College. Compiled and published by Boericke and Tafel, New York, Philadelphia, and Chicago. 1883.

gating institution, where mad dogs and half-mad monkeys could always be had, that the modified "vaccine" of hydrophobia might never run short. It would be well to wait a little before claiming this as a "benefaction" either to humanity or the world of animated nature, which includes monkeys, dogs, and other of M. Pasteur's favourites.

I am, Sir, etc.,

JOHN H. CLARKE, M.D.

15, St. George's Terrace, Gloucester Road, S.W.,

August 6.

[We opine the subject cannot be set aside thus cavalierly by any one. In "Vaccinosis and Homœoprophylaxis" we have ventured to point out that Jennerian vaccination and Pasteurian vaccination are not to be taken on merely empiric grounds, but should be considered in the light of examples of the law of likes as applied to the prevention of disease, and this we further ventured to term *Homœoprophylaxis*. If this be true, then there will be no necessity for the horrors of M. Pasteur's proceedings, and we shall not need any hydrophobia-propagating institutions, as a comparatively small stock of the virus will be sufficient. It has seemingly already come to this, that our canine friends are more important than human beings. Numbers of valuable human lives are being constantly sacrificed to the dear dogs that are everywhere howling at our heels, and for what? Granted that dogs were a great help to primitive uncivilised man, and that they still are useful to the blind and in the field, and as affording a legitimate outlet for unused human affections; still, why the thousands of really uncared-for ones in all our lanes and streets? According to the *Times*—

"M. Pasteur's experiments with the virus of hydrophobia are going on with unbroken success. He has thus far experimented on fifty-seven dogs, nineteen of them mad and thirty-eight bitten by them under uniform conditions. Out of these thirty-eight half had been previously inoculated, the other half not. The latter, without a single exception, died with unmistakable signs of hydrophobia, whereas the nineteen others are about and as well as ever. They will be watched for a year by veterinary doctors to see whether the inoculation holds good permanently or only temporarily. M. Pasteur's theory is that hydrophobia is produced solely by the bite, and if this is correct a law compelling all dogs to be inoculated would in the end extirpate hydrophobia

entirely, whereas if the disease arises spontaneously such an enactment would be less effectual. M. Pasteur's theory, however, seems to be gaining acceptance, and his experiments, whether they lead to the extirpation or merely to the diminution of this form of suffering, must be watched with interest" (*Times*, July 7, 1884).

And again :—

"The Committee appointed by the Government at M. Pasteur's request to verify his experiments in the treatment of hydrophobia has just presented its first report. M. Bouley is president, his colleagues being MM. Beclard, Paul Bert, Tisserand, Villemin, and Vulpian. The Committee states that M. Pasteur's experiments have been entirely borne out. Inoculation with the attenuated virus of hydrophobia gives a dog immunity from the disease, just as similar treatment preserves a sheep from *charbon*. All the twenty-three dogs submitted by M. Pasteur as having been thus inoculated have resisted the strongest virus on inoculation, whereas the majority of the nineteen non-inoculated dogs have succumbed. Of the latter, six were bitten by mad dogs, three of them becoming mad, eight were subjected to intra-venous inoculation, all becoming mad, and five to inoculation by trepanning, all becoming mad.

The result is decisive; but the Committee will now inoculate a large number of fresh dogs, and will compare these with an equal number of dogs not inoculated. It will likewise investigate the question whether after a dog has been bitten inoculation with the attenuated virus will prevent any consequences from the bite. M. Pasteur will lay before the International Health Congress at Copenhagen results which, as the Committee remarks, 'are so honourable for French science, and give it a fresh claim on the gratitude of mankind'" (*Times*, August 9, 1884).

We maintain that all this tends in the direction of our *Homœoprophylaxis*—i.e., the law of similars in the field of preventive medicine.—ED. H. W.]

DR. RICHARD HUGHES ON REVISION OF
MATERIA MEDICA.

SIR,—Will you allow me through your pages to address my colleagues on the subject of Revision of the *Materia Medica* now taken in hand (as you have announced) by the American Institute of Homœopathy and the British Homœopathic Society? This great work can only be accomplished with the assistance of all interested in it. As British editor, I write to ask help from all practising Homœopathy in this country. We want, besides original provings and observations, collections of pathogenetic effects, references to results of poisoning and overdosing, and so forth. Many will have such in their note-books; others could aid us by reading medical treatises, journals, transactions, etc., and extracting all that bears upon our subject. We further want information regarding our extant provings, bearing, *e.g.*, upon their trustworthiness, or such as shall render them more intelligible. If any one has published provings in schema form only, we should be glad to have the day-books of his provers. We shall also welcome criticism of our present material in aid of that which we shall ourselves have to exercise in the process of sifting it. If every one will feel himself responsible for doing what he can towards this important undertaking, the result will be alike more valuable and more generally satisfactory.

We hope to issue by the end of this year a first part, containing the medicines as far as *Agaricus*, including the acids. It is concerning these, therefore, that contributions are most immediately needed, but everything will be welcome.

Yours very faithfully,

RICHARD HUGHES.

Brighton, August 5, 1884.

The following is the *plan* which we have received from our learned colleague, Dr. Hughes:—

PLAN FOR REVISING MATERIA MEDICA.

Title Page (as follows):

A CYCLOPÆDIA OF DRUG PATHOGENESY.

Being a Record of the Effects of Drugs on the Healthy Organism.

Edited by { M.D.
..... M.D.

With the assistance of the following Consultative Committee:

.....

Authorised by the British Homœopathic Society and the American Institute
of Homœopathy.

RULES.

1. Give the scientific name and synonyms of each article.
2. Give the natural order of each article.
3. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.
4. Give, in presenting virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
5. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.
6. Trace back all versions and copies to their originals, and verify, correct, or reproduce therefrom.
7. Give the results of experiments on the lower animals, where of value, generally in abstract.
8. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.
9. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.
10. Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below.
11. Omit the contributions of Hahnemann and his fellow-provers in the *Materia Medica Pura* and the *Chronic Diseases*, which are already accessible to the profession, and of which we do not possess the day-books.

RECOMMENDATIONS.

- I. That the Institute and British Homœopathic Society adopt the Plan and Rules submitted.
- II. That, jointly, the two Societies unite in the election of

Dr. Richard Hughes, of England, as the Editor of the proposed work.

III. That each Society elect three members to constitute a joint Consultative Committee, the Editor being chairman of the same.

IV. That each Society authorise a subscription for one copy of the first year's issue for each of her members, paying therefor the actual cost.

By resolution the American Institute of Homœopathy adopted the Plan and Rules as presented by the Bureau of *Materia Medica*, and also the Recommendations following, with some modification.

It was resolved to have Dr. J. P. Dake placed with Dr. Hughes as an Editor of the revised work.

The Institute elected Drs. Conrad Wesselhorzt, Boston; E. A. Farrington, Philadelphia; and H. R. Arndt, Grand Rapids, Michigan, as American members of the Consultative Committee.

BOMBYX PROCESSIONEA.

DEAR SIR,—In a recent number of the *Homœopathic World* I drew attention to the fact that I had received a large number of the larvæ of this moth, the hairs of which are so terribly irritating. I find that the most dangerous time to handle these caterpillars is just when they are changing into the pupa state. They then throw off their hairs, and these floating about cause the most frightful suffering; the itching is uncontrollable and maddening. It is a little relieved by taking *Rhus Tox.*, the eruptions of which are very similar. I send you underneath the symptoms produced on myself in getting these insects ready and freeing them from *débris*. I sincerely trust there will be no great demand for the medicine.

I am, dear Sir, yours truly,

ALFRED HEATH.

ACCIDENTAL PROVING OF BOMBYX PROCESSIONEA.

Papular and vesicular eruption, with burning and itching, aggravated by washing with hot or cold water, and by getting warm in consequence of the attention being drawn to it; it is intensely aggravated by rubbing or scratching, the more

one scratches the worse it gets. In point of time the eruption is worse from 7 to 9 p.m., and in the morning on waking. It does not prevent sleep in the least degree by night or day. Amelioration takes place in the cool, open air. *Locality*: The eruption appears at the bends of the joints, arms, and legs, the fingers, wrists, and thighs; also between and along the sides of the fingers (itch). The palms of the hands are also badly affected, and they burn severely and are tender, sore, and stiff, as if from subcutaneous ulceration. The flexor tendons of the fingers and the joints are stiff. All round the neck there is a copious eruption as of small irregular-shaped blisters, which burn and itch the same as elsewhere. There was no eruption on the hairy scalp, beard, etc., but it extended close up to the border of the hair. On healing, the papules about the neck left for some time a whitened, hardish condition, which eventually disappeared.

[We saw Mr. Heath's hands and arms. The whole thing looked very like the itch.—Ed. H. W.]

EX-PUBLIC VACCINATOR ON OUR EDITORIAL FAILINGS.

DEAR SIR,—I regret extremely, in common with many other professional friends, that you should have converted your excellent magazine into an anti-vaccination journal, and that you should allow the wild vagaries of Mr. Tebb to occupy so large a portion of your matter.

No one thinks it worth his while, *who really is practically acquainted with the subject*, to reply to the absurd statistics, fearful statements, and exaggerated and distorted facts of that gentleman.

Allow me just to enter my protest against the pages of a journal supposed to be devoted to science and truth being occupied by such trash.

In saying this I do not speak from theory, but really *as an expert*. Having for twenty years filled the office of a public vaccinator, and having vaccinated about 15,000 or 16,000 persons, and having taken a great interest in the subject, and watched my cases thoroughly, I hereby assert that I never saw the least harm from vaccination *properly performed* in the whole of my large experience. I assert that it is preventive of small-pox, *that it conveys no other disease, that it is followed by no evil consequences*—of course, beyond the

ordinary inflammatory mischief, which may be prolonged for a fortnight in a very small percentage of cases, but which always get well. I have again and again, in the presence of parents, and for the purpose of satisfying their scruples, brought cases before them. I have vaccinated from twenty to thirty from one arm for the purpose of showing the different effects produced by *the same lymph on different skins*, and this before those who have stood out against vaccination, and I have always convinced such persons of the groundlessness of their fears.

I have seen children grow up to maturity in thousands of cases that I have vaccinated, and I never knew any harm result.

These are the opinions of a *practical* vaccinator, and not the dreams of a Tebb or a Garth Wilkinson. I have the greatest esteem for the latter as a writer and a man, but I cannot allow his dream theories, such as his letter in your last shows, to overbalance the experience of twenty years of practical work.

This gentleman says the "pustules" of vaccine lymph are infectious. He says "they are of the potency and nature of a contagious epidemic"!!! Did Dr. W. ever vaccinate or re-vaccinate boys in a school? Did he ever know one boy infect another? I have re-vaccinated thousands: could such a thing escape my knowledge? No, Mr. Editor. You should carefully exclude such statements from your journal. They are simply ridiculous, but the laity may nevertheless be alarmed by them, and as your magazine is a popular one there is all the more reason for not permitting dangerous and groundless theories about an operation which I regard as one of the most precious gifts we have ever received.

Yours, etc.,
 EX-PUBLIC VACCINATOR.

[Our correspondent's views are entitled to every respect, but we must submit that other people's views are equally entitled to respect. We will leave Mr. Tebb and Dr. Garth Wilkinson to answer for themselves as to whether their published statements are dreams. We also claim to speak as an expert, and we affirm that our respected correspondent has still *very* much to learn about vaccination and its ultimate effects. A public vaccinator has relatively *no* opportunity of studying the far-off effects of his own handiwork.

As to our having converted our magazine into "an anti-vaccination journal," the statement is *not* correct, and no un-

biassed man could make such a charge. We publish *both sides* of the question. The editor in his practice does his own vaccinations, and is merely against *compulsion*. We have not space here to give our views on the scientific aspects of vaccination, but they may be found in "Vaccinosis and Homœoprophylaxis," which "Ex-Public Vaccinator" may be surprised to learn is not anti-vaccinational, but an attempt to bring the whole question into clear philosophic light, and is based on the *data* of positive science.

"Ex-Public Vaccinator" seems afraid lest those of our readers who are not medical men may be alarmed by "simply ridiculous statements." It happens that most of our readers are medical men, and the few hundreds of laymen who do us the honour to read the *Homœopathic World* are far above the mental average of ordinary public vaccinators, who imagine that the more times they put vaccine matter under the skin the more they know of the ultimate effects of the constitutional change thereby induced.

With all due respect to our correspondent, we affirm that the vaccination question is not only not settled, but it is not even yet clearly understood, stated, or defined. Recognising it as a homœoprophylactic measure is the *first* step to its real comprehension. The fact of vaccinating 16,000 persons affords no proof that the operator understands the philosophy or science of vaccination; the art of vaccinating is one thing, the philosophy or science of vaccination quite another.—
ED. H. W.]

MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE?

IN view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether Iodide of Potassium may excite Bright's disease becomes one of considerable importance. In the *American Journal of Medical Science* for July, 1881, Prof. I. Edmondson Atkinson, of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present, after death, evidences of marked kidney disease, and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite

independently of the syphilitic poison, Dr. Atkinson concludes that since Iodide of Potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observations upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of Iodide in these cases, and the appearance of mucus or hyaline casts and albuminuria, was quite evident, as in a number the abnormal elements gradually disappeared after the cessation of the remedy. . . . The author's conclusion is, that while the evil effects of the Iodide of Potassium are for the most part small and transitory, the occurrence of more severe alterations is not impossible—nay, is probable. To these evil effects some individuals are more susceptible than others.—*Ohio Med. Journal.*

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

DR. BERNOULLI, SAN FRANCISCO.—We do not think life is long enough to waste even the smallest part of it in discussing any kind of secretmongery whatsoever. Homœopathy has nothing to do with any form of quackery whatever, whether

ultramontane or home-bred, whether hatched in a castle in Italy or in a Yankee drug-store.

BOOKS AND JOURNALS RECEIVED.

Scientific Basis of Eclecticism in Medicine. By C. A. F. Lindorme, Ph.D., M.D.

United States Medical Investigator, June 14, July 5, 26, August 2.

Dublin Journal of Medical Science, June and July, 1884.

Revista da Sociedade Homœopathica Bahiana, No. 5.

Chemist and Druggist, July 15, 1884.

The Kronenquelle at Obersalzbrunn, Silesia. By Dr. Carl Laucher, Royal Medical Councillor.

Medical Counsellor, July 1, 1884.

The Salvation of God.

The Messenger of Peace.

The Medical Annals, Vol. V., No. 7.

American Homœopath, July, 1884.

The Eclectic Medical Advocate, No. 7.

Bulletin de la Société Médicale Homœopathique de France, No. 3.

Revue Homœopathique Belge, No. 3.

The Clinician, No. 7.

Therapeutics of Intermittent Fever. By H. C. Allen, M.D., University of Michigan. Philadelphia: F. C. Boericke, 1884.

North American Journal of Homœopathy, August, 1884.

St. Louis Periscope, No. 7.

New York Medical Times, No. 5.

Bibliothèque Homœopathique, No. 9.

Cholera, and its Preventive and Curative Treatment. By D. N. Ray, M.D. New York: A. L. Chatterton, Publishing Company, 1884.

The Zoophilist.

Monthly Homœopathic Review, August 1, 1884.

The Guide, August, 1884.

Ars Medici. By John W. Clarke, M.D. London: Henry Turner, 1884.

Dietetic Reformer, No. 152.

History and Proceedings of the International Hahnemannian Association.

Annals of the British Homœopathic Society, August, 1884.

CORRESPONDENTS.

Communications received from Dr. Dunn, J.P., London; Dr. Pope, Tunbridge Wells; Dr. Skinner, London; Dr. Lade,

Glasgow; Dr. Wilde, Weston-super-Mare; Dr. Richard Hughes, Brighton; J. Thurlow, Esq., High Wycombe; Mr. William Smith, Llangammarch Wells; Mr. F. E. Boericke, Philadelphia; J. H. Postlethwaite, Esq., Brighton; Henry Adkins, Esq., Evesham; Dr. Ussher, Wandsworth; Dr. Reed, Southampton; Dr. Reginald Jones, Birkenhead; Dr. John H. Clarke, London; Dr. Midgley Cash, Torquay; Major William Vaughan-Morgan, Windermere; Dr. J. B. Gregg Custis, Washington, D.C.; Dr. Simpson, Glasgow; Alfred Heath, Esq., F.L.S., London.

The Homœopathic World.

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A Case of Cholera.

The Cholera Clinic.

The Homœopathic Treatment of Diarrhœa and Cholera.

Résumé of the Therapeutic Range of Picrate of Zinc, with some Clinical Cases.

Notes on Prevention of Sea-sickness.

Dr. Garth Wilkinson on Revaccination in Schools and Colleges.

New Sanitary Dangers.

A Cure for Hydrophobia.

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Tar as a Germ Destroyer.

The Therapeutic Drinking of Hot Water.

OBITUARY:—

Mr. James Leath.

LITERATURE:—

Companion to the British and American Pharmacopœias.

Vaccinosis and its Cure by Thuja; with Remarks on Homœoprophylaxis.

Essays on the Treatment of Diarrhœa and Dysentery.

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Richards Gray, B.Sc., on Lathyrus Cicera.

The Recent Medical Vaccination Manifesto.

South Hants Homœopathic Dispensary.

Appeal to the Benevolent.

Black Tongue.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

OCTOBER 1, 1884.

CUPRIANS AND ANTI-CUPRIANS.

It has happened time and again that the belief in a remedy has created a class who swear by it, and an opposite-standing class of non-believers. Amongst others we may mention gold and chinchona as very notable examples. In regard to copper, some consider it a virulent poison; this we may term the orthodox view.

Some fifty years ago old Rademacher took upon himself to question this view of the unconditional poisonousness of copper, and proved it, too, experimentally upon himself. The world took but little notice of it, and it is extremely rare to find any one now that really knows anything about the old sage's work. It has been oft observed that workers in copper are less liable than other people to take cholera and other nastinesses commonly called diseases. These two facts have been strung together by Dr. Burq, in France, and the entire Gallic nation may now be divided into three parts. Firstly, those who know nothing about the subject; secondly, those who hold with Burq and believe in copper as the cholera-killer—we will call them *Cuprians*; and, thirdly, those who burke the Cuprians—let us designate them the Anti-Cuprians. Of course it would not do for either Cuprians or Anti-Cuprians to “let on” that an old dreamer called Hahnemann was ahead of them all on the copper question long long years ago, we think before the time Burq was a baby.

The question of cholera is still before us, and M. Pasteur's activity has a peculiar interest for many thinking people, so we proceed to annex from *Truth* (July number of the current year) an article on these subjects, emanating, it appears, from a friend of Dr. Burq. It is eminently clever and instructive, and cannot be too widely known.

F

COPPER AND CHOLERA.

In an "Entre Nous" column of your last issue you expressed a wish to know more about Paul Bert's copper specific against cholera. The discovery of this ægis not only against the Indian invader, but against small-pox, diphtheria, typhoid, and scarlatina is not due to Paul Bert, but to a Dr. Burq, who for more than thirty years has been scoffed at by the routine-ridden Academy of Medicine. He is an old friend of mine, and is not only one of the most intelligent, but one of the most genial, Frenchmen I know. If he had not a sunny disposition he could have never persevered as he has done against the augurs of the body I have named. Paul Bert, whom I also know, merely claims the honour of having supported him through thick and thin for eleven years, of having got Claude Bernard to examine his theory and practice; and, when Minister of Public Instruction, of having decorated him. He also helped him to obtain the Goddard prize awarded by the Biological Society. Other supporters of Burq within the same period were Littré, Doctors Marchal de Calvi, and Baron Larrey, and Professors Charcot, Luys, and Dumontpallier. Of Littré's sagacity, honesty, and deep medical knowledge it is useless to speak. But as the Pasteurians, who want to cast out the microbic Beelzebub by his like, are hostile to the Cupric or Copper Saviour, Burq has still dragons to slay which are sure to die hard. His theory is based on the fact that salts of copper taken in doses of from 15 to 20 centigrammes a day, albeit for weeks, harm neither man nor warm-blooded beast, but slaughter low organisms. They are as destructive to microbes and every other parasite that infests us as St. Patrick was to the snakes and toads of the Sister Isle in the olden time. I have been shown an earthworm in a basin of water thrown into a wild gyrating paroxysm, and then killed, by a mere grain of sulphate of copper being cast down near it. An ant was dipped many times into a strong solution, and was alive and well an hour later—a proof that it is as highly organised as Sir John Lubbock tells us. Calomel was a step in the Burq direction. But the cupric saviour does not need to be reinforced by the horrid black draught. It can be taken with impunity by persons exposed to all weathers, and with any diet. Sailors, soldiers, and navvies on active service can copper themselves within, on sea, in camp, and

when busy delving and tossing up earth. At first it is a little unpleasant; but it clears the complexion and fattens up the lean. Surgeon-Major Grosclaude preserved from cholera, in 1866, a whole battalion during a march from Paris to Caen, and while in that city. Their way lay along a cholera-infested route. At Caen he had every floor and vessel, bed, canvas, and so on in the barracks washed in a double solution of salts of copper. With his own hands he threw into every hundred litres of the soldiers' soup 50 centigrammes of copper dissolved in 200 grammes of water, and he also slightly coppered the coffee. Not a case of cholera is recorded in the medical register of his battalion. He had many private patients who, not being "defended," were attacked, but he brought them all through. I could adduce no end of equally good evidence to show that Mr. P. A. Taylor and Lord Clifton might with advantage enrol themselves under the banner of the Cupric Saviour. Sulphate of copper is a strong defence against small-pox, and the disease which robbed the Queen of her daughter.

It is not true that poor Dr. Thuillier saturated himself with it on his way to Egypt last September; he only took 5 grammes of bioxide of copper—which is not a soluble form—in sixty-four days, and ceased taking it before he left Paris, so that it would have been eliminated before he died.

As an antiseptic for disinfecting purposes sulphate of copper is stronger than sulphate of iron, and is not dangerous in evaporating, like sulphate of mercury. In all respects it is preferable to carbolic acid, which, I am assured, is a source of wasting diseases. Sisters of Charity and sick nurses who inhale it often find it so. They get dyspeptic, languid, and then die. (I am afraid I write *comme un ignorant* in not using medical locutions.) To frequently breathe air impregnated with this acid is to put oneself in the way of losing all the sulphur and albumen, without which brain and body are unable to work. I believe carbolic acid is as much in use in England as it has been in France. Beware of it. The copper disinfectant has no smell. Burnt with alcohol, in a sick-room, it produces a beautiful green light, which would be a cause of joy in a Tiny Tim Hospital. As I write, an idea occurs to me. It is to defend children against zymotic diseases by putting sulphate of copper in the dish of snap-dragon. The splendour of the emerald blaze would cause them to overlook any styptic taste.

And now a little benevolent gossip about the arch-enemies

of the Cupric Saviour. Burq, "fortified" by his medication, has been since 1849, during every cholera visitation, in the hospitals of the towns where it was most virulent. He faced it at Toulon and Marseilles, in Paris, Rouen, London, and Eastern France. He also faced small-pox in its worst haunts. Pasteur only studies these maladies at a distance. A little virus is brought to him in a glass tube, and then he operates with it upon apes, monkeys, dogs, and guinea-pigs. He preaches *ex cathedra*, and all the cowards who are afraid of losing their worthless lives and who cannot bear to think that fair play should be the great sweetener of the world, and reign everywhere, laud him as a benefactor of the human race, and a stamper-out of plague and pestilence. When a contagious disease burns itself out in a place where some mitigated virus has just produced as good an effect as Lourdes water, they cry out "Great is Pasteur!" He reminds me of Vain-Hope, the ferryman in "The Pilgrim's Progress," who saved people the trouble of wading through the river which lay between the land of Beulah and the Celestial Kingdom. Poultry-yard cholera, ovine carbuncle, murrain, rinderpest, small-pox, scarlatina, and every other curse upon dirt and gluttony, are as severe as ever, and yet the notion is abroad that Pasteur, through his scape-goat animals, has taken the sting out of them all. Pasteur, who has not gone to Marseilles to correct or to check the theories he builds up in his torture-house in the Rue d'Ulm, has got himself appointed French Commissioner to the Health Congress which is to be held at Amsterdam. I don't at all try to convey the idea that he is a humbug. He believes in his theories, and has got to look upon himself as a divinity. When his son-in-law wrote that "Te Pasteurium Laudamus" ("Monographie de Pasteur par un Ignorant") in one volume, the object of the praises himself corrected the proofs! Pasteur is a priest who lives by the altar. He has 25,000 francs a year from the State to enable him to pursue his researches, with lodgings, coals, and lamp-light, and is soon to have a delicious country residence at Villeneuve l'Etang, where a dogs' Inferno is being created for him. His mitigated viruses are a source—and a good one—of income. He has married his daughter advantageously; through Brown-Séguard's and Paul Bert's manias for vivisection à outrance he is on good terms with the Opportunists; and owing to his unmitigated clericalism, he enjoys the friendship of the Dukes and Counts at the Academy. If a

King starts up, he will have access to him; if the Republic continues, he will go on drawing his 25,000 francs a year. His son-in-law (the author of the "Te Pasteurium Laudamus") was, a few years ago, a secretary to M. de Freycinet. It is on the cards that he may hereafter receive Royal Dukes at Albert Gate House. I have no idea what effect in England *Le Journal de l'Hygiène* produces in the opinions of M.D.'s. Here it has got on its side in the war against the copper specific the Pasteurians and the stand-still members of the Academy of Medicine.

Doctor Pietra Santa, the editor of this print, is a Corsican, and is related to the Bonapartes. He, too, is (and why should he not be?) a priest who lives by the altar. In early life he was a chum and fellow-conspirator of the late Emperor, who, when he restored the Empire, made him secretary to old Prince Jerome. After his death, Pietra Santa was unemployed. He asked for the post of Doctor of the Madelonettes Prison and of that of *Médecin du quartier de l'Empereur*, which Conneau and Nélaton had rendered a sinecure. But there was a difficulty in the way. The candidate had never walked the French hospitals. Dr. Pardieu, the Dean of the Faculty, was asked by the kind sovereign to use his influence to at once obtain a diploma. He did his best, but met with an absolute refusal. The Dean at Montpellier was next applied to. He was ready to oblige, and so were a large number of members. The minority stormed, but in vain, and Pietra Santa obtained his French licence to practise. I assume that he had a foreign one. The good-natured Emperor also made him chief inspector of mineral waters in the department of the Seine, a post he still holds, the Republic being *très bonne fille*. He lost the two other sinecures through the fall of his Imperial friend and cousin, and to recoup himself bought Dr. Lannoix's heifer-vaccine business, which he has been working for seven years with Dr. Cambon. The office where the vaccine is sold in the Rue Massillon is jocosely called *la gîte à la noix*. I know people of wealth and station who cause a heifer to be brought to their houses every spring, to be vaccinated from. General Meredith Read's wife was among those who so fortified herself against small-pox. I often wondered whether there was one chance in a million of her being attacked with that disease. Cholera is different. It won't keep in the slums. Judge Batchelor, of the International Tribunal of Egypt, who studied it there, tells me

that it begins in them, but spreads to the best quarters and invades the palaces. Like Moses, the cradle in which it lies in infancy is hidden among the bulrushes, flags, and water-lilies of the river. Perhaps it was because he and cholera were in his childhood bedfellows that he was so anxious to teach the chosen people the virtue of cleanliness. He set his face against shellfish. I dare say at the mouths of the Nile they are infested with plague-microbes.

The Duc de Chartres got frightened at the dirt of Toulon, and was quick to leave it. It was plucky of him to go there, and so it was of Waldeck-Rousseau to help to wheel a dead woman and her bedstead into the fumigating-room of the Prado hospital. The sum of 50,000 francs subscribed by the Orleans family, and spent by the Duc de Chartres on cholera victims in the South, if intended to serve as an advertisement, has answered the purpose. The amount was not a large one if we consider the wealth of Louis Philippe's descendants, the misery that was to be relieved, and the prize that was being played for—a Crown, with a civil list of a million sterling or more, the right to enjoy the forests and palaces of the domain, to have the best boxes in opera-houses and theatres, special trains with luxurious cars, and to be on a level with the greatest reigning houses of Europe. If all this could be had, as well as the use, for the ladies of the family, of the yet unsold Crown jewels, *ce serait pour rien*. Do you mistrust *sensiblerie* and demonstrative philanthropy? I do, though nobody can more appreciate the value of kindness, pushed to the extent of *bonhomie*, in keeping this world of ours a little bright and pleasant. In a monarchical country it is a good thing for the royal family to make the tribe of Dives ashamed of themselves by taking a charitable initiative in hard times. *Mais la vie est la vie, et la mort est la mort*. Monarchy is too much a thing of the past here for the Duc de Chartres' run through Marseilles and Toulon to electrify anybody. I think, also, that, had I been the dying cholera patient whose eyelids he drew back with both his thumbs, I should have resented the liberty.

I dare say cholera will soon get to England. Avoid crowds when it is there, and keep rather *in* London than in the environs after next St. Lubbock. It might be well not to grant the usual bank-holiday this season, should the plague be upon you. The hop-fields of Kent are also to be avoided in September. Those be-curtained, be-tapestried,

and luxuriously upholstered rooms which are the pride and joy of *petit-mâtres* and *petites-mâtrresses* should be regarded, if cholera invades them, as permanent hot-beds of infection. I often think that in the time of our Middle Ages and Renaissance ancestors, black and sweating sicknesses, small-pox, and other plagues were nursed and coddled by tapestried walls and "windows made to exclude the light." Sunshine destroys fine furniture and plays havoc with dyed stuffs; but it gives colour to eyes and cheeks, and burns up microbes.

NARCOTIC-DRINKERS; BEING A RECORD OF THREE CASES SUCCESSFULLY TREATED.

By GEORGE LADE, M.D.

THE habit of indulging in narcotics appears to be exceedingly prevalent amongst all classes of society in this country. This fact is probably due to more than one cause, but I have reason to think that the frequent administration of opium, morphia, chloral, chlorodyne, etc., by the allopaths has a good deal to do with its production. For whenever a poor fellow is seized with an ache or a pain calling for medical interference he is almost certain to have given him a mixture containing a moderately large dose of laudanum or chloral, or both, or to have morphia injected into his blood. Should he be threatened with diarrhoea—salutary or otherwise—laudanum again enters into the composition of his remedy, being blended with castor oil, diluted vitriol, or chalk and catechu; and the changes are often rung upon these nauseous mixtures. So also with regard to the treatment of sleeplessness. To cure this nothing is more natural to the allopath—and natural because it saves time and thought in investigating the cause of the trouble—than that he should render his patient oblivious for a few hours with one or more of the fashionable narcotics. The consequence, in too many instances, is this: the patient on recovering from his illness, especially if it has been a protracted one, finds he cannot do without his insidious drug, and he goes on taking it day after day until the habit becomes so firmly fixed, and his physical and mental energies so enervated, that he is unable to break from the cruel and exacting monster to which he has become enslaved. If he consults his family doctor, who has probably caused all the mischief, he is told he must

give up the drug at once and take a tonic instead. Futile advice! The attempt is made with as much determination as the poor fellow can muster, but ere long his agony and insatiable craving force him to abandon it, and he retires from the contest despairing of ever being able to renew it with success.

Such was the actual experience of two patients who consulted me in the early part of this year. Both of them assured me that they had acquired the opium habit from their respective physicians ordering them laudanum, pure and simple, for the relief of chronic rheumatic pains. Case No. 1 was that of a gentleman, aged 48. He had taken laudanum for about four years, his dose on calling upon me being three drachms (equal to 360 drops) twice a day. Acting under the instructions of his doctor he had tried to give up the drug on two several occasions, but failed to do so. The advice I gave the patient was simply this: "Take your usual dose to-night, but reduce every subsequent dose by four drops less than the previous one; in this way your system will get accustomed to the gradually diminishing quantity of the drug; and when the dose has been reduced to ten or twelve drops I have no doubt you will be able to give it up altogether with very little difficulty." I further advised an occasional hot-air bath, and a cold wet-towel bath every morning.

The result quite confirmed my prediction. In ten weeks the patient called to tell me that he had not tasted a drop of laudanum for a fortnight. He ceased taking it when the dose had reached down to ten drops, and he assured me that he experienced hardly any uneasiness in consequence.

Case No. 2—that of a gentleman aged 53 — was very similar to the other, with one or two trifling exceptions. This patient had taken laudanum for nearly six years. The amount he was taking at the time he consulted me was two drachms (240 drops) twice a day, but he said he always took an extra drachm during the day when much worried by business. After reducing his dose to twenty drops he called to tell me that he could not reduce it further, as a less quantity than twenty drops was followed by chills and very painful muscular twitchings. The weather being exceedingly cold at the time, I recommended the patient to increase the dose to twenty-five drops and not to attempt any reduction from that point until there was a decided rise in the temperature, and then to reduce each dose by one drop only. Ten days

afterwards he resumed the reducing process, and finally discontinued the drug altogether when the dose had decreased to five drops. For about twenty-four hours he felt slight muscular twiches of the legs only, but they did not disturb his sleep to any extent and soon wore away.

This patient, I may add, had tried the much advertised *Conc. Tinc. Avena Sativa*, but found it utterly useless.

Case No. 3 is that of a married lady, who told me she had been taking bromide of potassium and chloral on account of sleeplessness for about twelve months. She had never made any attempt to discontinue their use. As this patient was placed under my immediate supervision I advised total abstinence from her sleeping drugs at once, and treated her mainly with hydro-therapeutic measures, such as wet-sheet packs, sitz baths, and abdominal fomentations, together with an occasional dose of a homœopathic remedy as circumstances required.

To my very great but agreeable surprise the patient slept fairly well the first night and every night afterwards during the month she was under my care. Many nervous symptoms which had troubled her for a long time disappeared under the combined hydro-therapeutic and homœopathic treatment employed.

There may be nothing very novel or remarkable in the treatment adopted in the above cases, but as I do not remember having read of any of a similar kind, and as I may not be the only uninformed person on the subject, I venture to believe that some of your readers at least will not complain if you can find a place for my contribution in an early issue of the *Homœopathic World*.

Glasgow, July, 1884.

POISONING BY BICHROMATE OF POTASH.

R. D., aged twenty-two, a workman in Carlyle's chromo works, admitted to the Glasgow Royal Infirmary on December 10th, 1882. The patient, a muscular man, in a fit of jealousy, at 5 p.m., swallowed a lump of the salt in the solid form. He then returned to his lodging, fifteen minutes' walk from the works. As soon as he reached his home he noticed lightness in head, then feeling of great heat in stomach, a glow of heat all over body, followed by cold sweat. He then became sick, and vomited freely. Then agonising pain in

epigastrium, with dizziness, sparks before eyes, and loss of power of legs. Thirst intense. Then some rigors, with coldness of whole body, especially of extremities. Arrived at hospital at 7 p.m. Pupils slightly dilated, face pale and cold, pulse feeble and fluttering. Complained of intense pain over region of stomach, and great depression. Some stupor, but answered questions well. Sensibility to touch and pain well marked.

Got Sulph. zinc emetic, and stomach washed out by stomach pump. As pulse was falling, 20 M. of Sulphuric ether were subcutaneously injected, with relief; warm blankets and mustard plaster on stomach. In the morning all symptoms had disappeared, except soreness of mouth.—Macniven, *Lancet*, September 22, 1883.

Three drachms taken, dissolved in water. First symptoms appeared in half an hour. Excessive vomiting, purging, violent abdominal pains, cramps in legs, coldness of body, hands shrivelled, wrinkled, or dusky, as in advanced stages of cholera; face and lips dusky, yellow conjunctiva, excessive thirst, feeble pulse, hurried respiration, suppression of urine, sore mouth, mental faculties unimpaired.—McLachlan, *Glasgow Medical Journal*, July, 1881.

RECOLLECTIONS OF A COUNTRY PHYSICIAN.

By GEORGE DUNN, M.D., J.P.

CHAPTER II.

I WAS lunching one day with Mrs. Chambers, of Hodsach Priory, when Lady White came in, and after being introduced, she said, "I don't believe a bit in your system of medicine; but if you can cure a tenant of ours, I might believe." I said, "Probably your tenant is suffering from an incurable malady, and we don't profess to cure incurables." She replied, "I don't know; I have taken him the last two seasons to London, and have consulted the most celebrated physicians; and I intend to take him again this season, but if you will drive round by Carlton I will give you his address, and I will pay all expenses." I found the patient (a tailor and draper) much worn by nearly three years' dysentery, and I traced the commencement of his affliction to a severe mental shock. I treated the mind, and cured him in a fortnight; but again meeting Lady White, she said it could not

be my globules that cured him, and remained unconvinced to the day of her death. About this time the late Sir Benjamin Brodie was induced by some narrow-minded allopathic bigots to write a foolish letter against Homœopathy, of which he knew nothing, and which Dr. Dudgeon very ably answered. My *friends*, the Allopaths, got the letter inserted in the local papers, and the day of its appearance I was met by both friends and foes, the former pitying me, the latter, of course, exulting; and so many were the remarks that I thought the letter should be answered; and, *apropos*, the next day I met Mr. Wm. Tindal, who said, "Doctor, I am going to leave this neighbourhood, but I cannot go without thanking you for saving me four hundred head of cattle." This at once struck me as the best answer to Sir B. Brodie's letter, in which he said that Homœopathy was only fit for nervous old women and children, and I asked Mr. Tindal if he would sign a paper to that effect; he replied, "Certainly," and went with me into Mr. Brown's shop, and I wrote out the following at his dictation:—

"Veterinary Homœopathy.

"We, the undersigned, having used the homœopathic treatment in the most severe lung diseases in cattle with the very best results, hereby strongly urge its adoption by our brother agriculturists.

(Signed)

"WILLIAM TINDAL, Wheatley,

"GEORGE MANN, Scanesby,

"GEORGE D. SIMPSON, Loversal.

"Sept. 7th, 1861."

The above were three of the principal stock-breeders in the district.

A few days after this I was driving with our old friend Mr. Quiverful, when a farmer galloped up to my carriage and said, "Doctor, will you be good enough to come back and look at my lambs?" I said that I was not a veterinary surgeon. "No, sir," he said, "but you saved my neighbour Denby's cow, and I thought you would tell me what I had better do, as I am likely to lose all my lambs." I drove back, went into a grass field, and saw a lamb which I said would be dead before we left the field. He replied, "I fear so." I found the poor things suffering from acute pneumonia, and I took out my pocket-case and put three globules of *Phosphorus* on the lamb's tongue, and went round the field and treated all the lambs in the same way; and on

inquiry I found that the ewes had been clipped and rubbed with an ointment, which I was told was mercurial ointment, and a cold night coming on, the lambs, having sucked the poison, were rendered highly sensitive to changes of temperature. I ordered the ewes to be washed, and both ewes and lambs to be taken into the fold and plenty of clean dry straw to be laid down. My instructions were faithfully carried out, and there were no more deaths. At Michaelmas the farmer brought me a fat goose. I asked the price, when he said, "You remember, sir, saying the first lamb you saw would be dead before you left the field; it is the finest lamb in my flock, and I never lost another after your visit, and if you will please accept this poor acknowledgment I shall feel greatly obliged."

Impartial people, and even partial people like the ignorant bigoted Allopaths, should ponder over such matters and study, but there are none so blind as those who won't see, and yet these men go on abusing Homœopathy and homœopaths, at the same time stealing without acknowledgment homœopathic remedies; and although the *Lancet* has killed and buried Homœopathy many a time and oft, the baby has grown into a giant who, with his little pebble (globule) in his sling, is destined to slay the *Lancet* and all who believe in its insane bigotry.

SUCCESSFUL TREATMENT OF A CASE OF SPINA BIFIDA.

By F. K. HILLS, M.D., Rockford, Ill.

WAS called June 30, 1882, to attend a case of confinement, in primipara, aged twenty-six years. Labour normal, and was delivered of a male child weighing about nine pounds. Child was vigorous and perfectly formed with the exception of a tumour in the lower portion of the lumbar region. A cleft in the vertebra could be easily distinguished. The tumour measured about four inches by six and one-half inches in circumference. The base, or pedicle, as it might be termed, was about an inch in breadth laterally, by one-half inch in thickness. The sac was covered by integument for the most part, except in one place the size of a silver half-dollar, where it was parchment-like, and so thin as to be almost transparent. It was filled with a thin, clear, slightly amber-coloured fluid.

When the child was six days old I withdrew, with a hypodermic syringe, one half-ounce of the fluid, and injected a like amount of the following prescription as prepared by Morton, an English surgeon, in like cases:—

R. Pure Iodine, gr. x.
Potassium Iodide, gr. xxx.
Pure Glycerine, ʒvjss. Mix.

No unpleasant symptoms followed the extraction of the fluid or the injection of the solution. Prescribed a powder of *Calc.-Phos.* 6c morning and night. At the expiration of five days I found the walls of the sac somewhat thickened and its capacity considerably diminished; I again withdrew a half-ounce of the fluid, and injected a like amount of the solution with no unfavourable symptoms following the operation.

The walls of the sac continued to thicken, but encroached upon the cavity of the tumour instead of enlarging it, so at the end of six weeks the fluid seemed to be entirely expelled. For protection to the tumour in handling the child I had a shallow cup-shaped shield made of fine wire-cloth lined with cotton wool, which was worn for about a month. In the meantime the thin portion of the sac began to ulcerate, and would not heal by the application of *Calendula* cerate, and as there was danger of the ulcer extending through the walls and allowing the fluid to escape, I covered the whole tumour with strips of adhesive plaster evenly applied. The ulcer immediately began to improve, and the tumour rapidly decreased in size; besides this it offered a much better means of protection to the tumour.

I allowed the straps to remain until they began to loosen, and then reapplied them. At the end of two months all treatment was suspended, and the tumour had decreased to the size of an ordinary hickory nut. *Calc.-Phos.* was taken once a day the last month of the treatment. The child has developed well, and is as active as any of his age. Dr. E. Manning, of this place, saw the case during the treatment, and confirmed the diagnosis.—*United States Medical Investigator.*

LONDON HOMŒOPATHIC CONGRESS, 1884.—Since we last went to press the practitioners of scientific medicine have met in Congress in London. We are obliged to defer our notice of this important gathering until next month.

VACCINATION IN VARIOLA.

By H. KNOX STEWART, M.D., Philadelphia, Pa.

On November 2, 1883, I was called to see Clarence Y., a little patient, living in the extreme southern part of our city, on the confines of what to "our oldest residents" is known as the "Neck." I found him suffering with severe pain in the lumbar region, excessive sick stomach, with intense headache, aching of the arms, limbs, and in fact aching from head to foot, with intense soreness of the entire surface of the body, and dreading to move or to be moved; heavy furred tongue, and about as peevish and cross as a child of four years can well be, with quite a redness of the entire surface of the body, and here and there a slight showing of a papillary eruption trying to make its appearance. I strongly suspected "variola;" prescribed *Bryonia Alb.* 6x, and awaited further developments.

Now this little patient was about four years of age, and I had vaccinated him three different times with fresh "bovine virus," each time simply producing a slight inflamed condition of the arm, but nothing more, his system seeming not to be susceptible to the vaccine virus. There was a lapse of from six to nine months between the different times of vaccination.

On the third day of the eruption he presented the appearance of what was going to be a case of confluent small-pox, and I immediately had a room prepared at the top of the house, sent all the members of the household away except the mother, she remaining to nurse him. He was now isolated in a room with nothing in it but what was absolutely necessary, the temperature being kept at from 60° to 65° Fahr. I vaccinated him at once, gave *Nux Vom.* 3x in water, a teaspoonful every hour, and visited him every day. He was very sick for two or three days with partial delirium at intervals, lasting two or three hours. The vaccination did not appear to make any impression at all that was discernible any more than the previous trials had done; but the eruption seemed to be held in check from the time of vaccination, and the pustules instead of filling seemed to be drying; and at the end of nine days, instead of being full, and the disease at a very critical point, it was about ended, the eruption nearly all off the body, and the boy well enough to be discharged.

I vaccinated him on the left arm, but there was no visible

sign that he had ever been vaccinated ; but on the left limb, inside the knee, about one inch below the joint, one of the pustules had made an indentation or mark resembling a very large vaccination mark. This was all the treatment the patient had. He continued to improve rapidly, and at the end of two weeks was discharged well, with no marks at all except the one spoken of at the knee.

The mother I treated with *Nux Vom.* 3x in water, a dose every four hours during the time. She had no bad effects except a general malaise and prostration, which I attributed as much to shock from fright at the knowledge of having to contend with such a formidable foe as small-pox as I did to the exposure to the disease. One year before in the same house the grandfather of the child had confluent small-pox in a very aggravated form, and was confined to the house some seven weeks under the old-school treatment, but recovered.

On February 22nd, 1884 (Washington's birthday), I was called to the south-western part of our city to see a patient, a child six years of age. Found he had been sick three days, complaining of all the premonitory symptoms of variola, and now on the third day the eruption had made its appearance, and I was hastily summoned to know what it could be, and readily diagnosed a slight case of "variola." He had been vaccinated three years ago, and had quite a sore arm, but no show existing of the vaccine having taken, vaccination was repeated a year ago, without result.

As in the previous case mentioned, I immediately vaccinated all the members of the household, and sent two smaller children away from the house, had the patient isolated at the top of the house, procured the services of a good nurse, and kept the temperature of the room, as Dr. Jeanes used to say, "on the shady side of warmth," and vaccinated the patient. The eruption, as in the former case, seemed to be immediately checked. There was no sign of the vaccination having had any effect.

The patient received the same treatment as the former case, with the exception of one or two days, when *Merc.-Viv.* 3x trituration was substituted for the *Nux Vom.*, and at the end of nine days he was free from any evidence of having had anything like the disease.

On March 5th the next child, a little girl, three years of age, whom I sent away when first called to see the brother, was sent home with the disease, also in a mild form. The

vaccination had not had any effect, and the eruption had made its appearance. I again vaccinated with the results as stated above; and now, on March 10th, the eruption has nearly all dried up, and is rapidly disappearing. Treatment: Tartar emetic 12x trit., as there seemed to be quite a catarrhal complication. Patient up and doing well.

On March 6th the next child, one year old, was returned with the eruption just making its appearance, no sign of the vaccine having had any effect. I did not vaccinate this one immediately, but allowed the case to go on for two days with *Hepar* as the indicated remedy. The case seemed to be rapidly developing into what would certainly be the most aggravated of the last three cases, and, from the child's age, the most troublesome to the nurse, when I decided to save trouble, and vaccinated again; and now, two days later, find the eruption checked and beginning to show signs of drying with *Placebo* every two hours, and expect to discharge all well within a few days.

Other members of the household, vaccinated on Washington's birthday, have very sore arms, showing that the "bovine virus" was good in the first vaccinations, and the fact of the vaccination not taking at first was not due to the virus.

Now this makes four cases in which I have vaccinated on the appearance of the eruption, and each case has been checked, never running over nine days before the danger of this dread disease is past, the patient well, and the families happy; and I believe the vaccine virus to be the medium, and recommend the same treatment to others, and the free use of Platt's chlorides as a disinfectant, as I find it the best I have ever used.—*Hahnemannian Monthly*.

WINTERING ABROAD: MENTONE AND THE RIVIERA.

WE will suppose that it has been decided, of course after sufficient consideration, that a patient is not to remain in England through the ensuing winter. This point has been decided, and the question next arises, whither shall he or she be sent? The answer to this will depend upon a great number of circumstances. In the first place, the nature of the case. Persons ordered abroad for the winter will usually fall under two heads. First and foremost, young adults with threatened

or incipient consumption. This class I place foremost, because it is, though not the most numerous, the one in which the stake is greatest, for an error in judgment, either that of not sending the patient in time or of sending him to the wrong place, will involve his life. The second class comprises chiefly persons advanced in life, whose poverty of circulation or general impairment of vitality renders them liable to bronchitic attacks and dyspepsia. It also includes many persons who, though not actually elderly, are virtually so through weak hearts or exhausted nervous systems. With regard to this class, it may be at once said that the choice of the precise winter station is not a matter of any importance. It should be warm and sunny, and free from violent variations of temperature; but whether it be Naples, Mentone, Cannes, Malaga, Algiers, Egypt, Madeira, the Cape, or Australia, is indifferent.

With regard to the first class it is otherwise. Here we have a balance: in one scale-pan we have the disease; if it acquires sufficient weight it will sink, and the patient with it. It is the duty of the physician to throw his remedies, including climate, into the opposite scale-pan. In some cases the original intensity of the disease is so great that no human agency can counterbalance it. In most the two forces are pretty evenly balanced, and the preponderance of one over the other may depend on the weight of a hair. It is thus seen how essential it is that the best possible thing should be done for the patient.

Of the courses open, there is the long sea-voyage to the Southern Ocean. The patient sails early in October, arrives in warm latitudes in ten days or a fortnight, and reaches Australia or New Zealand in January, in the summer of those regions. He thus escapes the winter altogether, and may return to England in the following May. He might by thus travelling backwards and forwards for the rest of his life never be exposed to another winter. Another of the advantages of this plan is that the patient may be in the open air from morning to night, and without any fatigue on his part is constantly moving more or less rapidly through the air. The air, of course, though loaded with sea-salts and saturated with moisture, is otherwise pure and fresh. It is easy for the fashionable physician, seated in his consulting-room in Cavendish Square, from which he has probably never stirred except for a fortnight's shooting in the Highlands once a year, to dilate upon the manifest advan-

tages of the long sea-voyage ; but it must be confessed, by those who have experienced it, that there is another side to the picture. Dr. Johnson's definition of a ship as a prison with the chance of being drowned, is really not far from the mark. The patient has probably been suddenly removed by his illness from a sphere of activity and thrown into a state of complete though enforced idleness. This is the time when, if ever, amusements and distractions become necessary. But if he has chosen a sea-voyage no amusement or distraction will be possible. At first his fellow-passengers may amuse him, but their number is limited, and no new idea being able to reach the ship, their conversation will soon become a series of repetitions. After a time petty bickerings and squabbles will arise, till at the end of the voyage the mental condition of most of the inhabitants of the ship becomes truly deplorable. No newspapers, no new books, no variety of companionship is procurable.

There are other and perhaps more serious drawbacks to a long sea-voyage. In the first place there is sea-sickness. If this question is mooted by a patient anxious for information, he will be told that persons with weak lungs are never sea-sick ; that you may be sea-sick in a steamship, but you will never be so in a sailing-ship ; that if you are sea-sick, it will only be for the first few days, after which you will never be so again. These answers should inspire suspicion from their very number and conclusiveness. They are apt to remind one of the Welsh washerwoman, who, when asked for the loan of her washing-tub, said : "I haven't got one ; besides, I've lent it to a friend ; besides, I want it myself." Now, I happen to know that every one of the answers given above is untrue, or at all events, not of universal application. I suffer from what is called weak lungs ; I have been a long sea-voyage ; I was always sea-sick when it was rough ; I never overcame the sea-sickness ; and I was just as sea-sick in a sailing-ship as a steamer. One of the advantages of the sea-voyage greatly dwelt upon is the perfect quiet. Let us take, as a sample, a comparatively calm day. It would not be fair to take a stormy one, with the pandemonium of sounds accompanying it : the trampling and bellowing of the crew on deck, the creaking of the cordage, the rythmical rattling and banging of articles of furniture thrown from side to side, and the thundering of waves against the sides of the ship. But let us describe an average day, with little sea or wind, on a

sailing-ship. You retire to your berth early, not because you are sleepy, but because there is nothing else to do. You fall asleep speedily, but are awakened by a stamping on the deck, over your head, which resounds like thunder. The wind has fallen, and it is necessary to put up more sail. Hence instructions have to be shouted by the captain, in a voice resembling the sound produced by tearing a sheet, only much louder; and the sailors are, of course, unable to do their work without a chorus of some kind, perhaps "Roll a man down," or, out of deference to the passengers, only shouts. You fall asleep again as soon as you can, but not for long. The same performance is repeated, because, this time, the wind has shifted, and the position of the yards has to be changed. You get up very early because there is no temptation to remain in your bunk; you go up on deck, say at five or six a.m.; you get a book, and settle yourself down in an American chair. In vain! men come with buckets to swab the deck; you are obliged to shift your quarters, and will not be able to return for some hours, when the deck has dried. Nor can you sit anywhere else for long—some rope will be wanted which will necessitate your removal, and so on all through the day. Perhaps the most serious drawback to the long sea-voyage is the complete isolation from relatives which it entails at a time when the patient is liable at any time to the supervention of acute or even fatal symptoms. No communication with the outside world is possible, except by means of vessels which may happen to be spoken, and in any case the relatives would be quite unable to reach the patient.

It is a question whether the advantages compensate for these great drawbacks. Sea-air is good for many patients, but a distinction must be drawn between the sea-air of a coast where there is constant interchange of currents caused by the different specific heat of land and water, and ocean air separated from land air by miles of sea. The latter is highly charged with moisture and sea-salts, particularly bromides and iodides. To many persons it is exceedingly trying, exciting them greatly and preventing sleep, and rendering them bilious. Another and still more serious drawback to the long sea-voyage is the necessarily badly ventilated condition of the cabins. It must be remembered that most persons will spend at least ten hours in their cabins, or nearly half the entire day of twenty-four hours. Ladies will contrive to remain below even far longer than

this. To their minds coming on deck necessitates a long and arduous toilette performed under difficulties, and this is sufficient to keep them below. Not the atmosphere of the worst ventilated theatre or church in London is worse than that of the cabin of an ordinary sailing-vessel. The heat is also very trying in the tropics or on a calm day. Strong men wake night after night to find their shirts dripping with perspiration. The effect of this upon a patient must be injurious in the extreme.

The patient arrives in a strange port, where probably he is without friends; he is ignorant of the climate, which may be either very hot or very cold, and quite unprovided with suitable clothing. Is it wonderful that so many are unable to resist the deadly complaint against which they are struggling, and succumb, when perhaps they might have been saved had other means than the long sea-voyage been prescribed for them?

Supposing that we have decided against the long sea-voyage, we have many resources left to us. We have the mild winter climates and the lately fashionable high altitudes, where the temperature is constant at many degrees below freezing-point. I should like at once to dismiss the latter as winter stations, on the ground that to send a consumptive patient to a place where he is snowed up for several months is contrary to common sense. But in these days of daring experiment common sense will not be allowed to have much value. It is said that the rarity of the air renders it more easily respirable, and enables the patient to breathe more deeply and thoroughly. At the same time the cold crisp air braces the system and improves the general health. I have certainly seen some phthisical cases do extremely well at Davost, but they have always been those who I believe would have done just as well anywhere, even in England. There are some cases which the physician is able to recognise at once in which the disease has been induced by overwork, and which recover at once when the patient is removed from the conditions which induced the disease. These are the cases which are benefited by a winter sojourn on the Davost Platz. All other cases which I have seen have, I believe, had their end distinctly hastened by this harebrained and paradoxical remedy.

There remain to us the coast of the South of France, North Italy, Spain, Algiers, and Egypt and Madeira. The choice will depend mainly on the condition of the patient.

Those susceptible of "bracing" will do well in Hyères, Cannes, Nice, Bordighera, Pegli, or Algiers. I may here warn the reader, because great delusions prevail on the subject, that Algiers, in spite of its latitude and its being situated on what is called the "burning continent," is one of the colder winter stations, and must be considered about equal to Hyères, Nice, Bordighera, or Pegli. In the determination of climate, situation has often more to say than latitude. Algiers is not provided with a screen of mountains, or rather the mountains are too far off and in the wrong place. Hence it is colder than many places five degrees farther from the equator.

The cases which do best in the cooler winter stations are those phthisical cases in which, whatever may be the physical signs, disquieting symptoms are absent. These patients are usually over twenty-five, and may be any age under sixty. Their history is usually as follows: There is no marked hereditary predisposition; their occupation is too sedentary, or one which exposes them much to the weather; their illness has dated either from an acute attack of pneumonia or a series of bronchitic attacks; they have usually had one or more attacks of hæmoptysis; there is no marked wasting, no great impairment of the functions of the stomach, though there may be a little acidity and flatulence. The most important distinction between them and a class of patients which will presently be considered is the absence of fever in the afternoon. The physical signs observed vary in character, and may be those either of a consolidated patch or a small excavation, or may be absent altogether. Whatever may be the stage or degree of the lesion, it is never over a large extent of lung, and rarely in both lungs. These cases do admirably in a climate in which they get the maximum of bracing with the minimum of exposure to the exciting causes of catarrhs. In the South of France they are able to be in the open air a great number of hours in the day without catching cold, their appetites and digestions improve, they sleep better, gain flesh, and throw off the extreme liability to catch cold which characterised them. For such patients I should recommend Cannes, Bordighera, Nice, Pegli, or Algiers.

There is another class of patients which must be here mentioned; though they are not so important, perhaps they are more numerous. With them wintering abroad is not a matter of life and death, as it is with the preceding class,

who would almost certainly die if obliged to remain the winter in England. The persons we are now considering do not die; they are, in fact, remarkably tenacious of life, often disappointing the secret wishes of their friends. I am alluding to the numerous tribe of *malades imaginaires*, hysterics, melancholics, etc. I believe that almost no complaint which flesh is heir to causes more widespread suffering than hysteria or melancholia. The true remedy in most cases would be flagellation; but as it is not in the power of the physician to administer this, he must do the best he can with the means at his disposal. A marked symptom common to many of these cases is sleeplessness. The loss of sleep is always loudly complained of, but the true cause I believe is that the patient, habitually neglecting all his duties, has no need of sleep, there having been no waste to repair. Whatever may be the cause, the air of the Riviera is able to induce in such cases an overpowering drowsiness, which not even the pangs of a guilty conscience can resist. I say in such cases, for in others, usually robust persons, it produces an obstinate insomnia.

Another symptom of hysterical patients is *tedium vite*. Life to them is insupportable; they take no interest in passing events, and have no hope for the future; the past is greatly dwelt upon and lamented over. There can be no doubt that this frame of mind tends to be perpetuated by gloomy surroundings—an English leaden sky, an even down-pour of drizzling rain, the view of a stone-paved courtyard—and conversely great amelioration may be hoped for by bright sunshine, blue skies, and purple mountain vistas. These are to be had in perfection on the Riviera, and hence many who arrive gloomy wrecks are sent back happy and useful citizens. But it is not important to which of the numerous winter stations you send them; if you wish to send them to the most beautiful, send them to Mentone.

There is another class of patients to whom wintering abroad is not a matter of life and death. I mean elderly people subject to winter-coughs and bronchitic asthma. In London their lives during the winter months would be miserable to them; they cannot go out without being choked with fog or pierced by the east wind. Consequently they are shut up in their houses without any means of occupying themselves. Their eyes are too weak to read much; they do not write many letters, and visits from friends are only made in the afternoon. They are thus condemned to pass

many hours in apathetic listlessness. On the Riviera they are happy; they potter round the garden before breakfast, they visit the fish and flower markets, where they meet people exactly like themselves; they go to church many times a week, at all kinds of uncomfortable hours of the day and night. They lead a healthy, active life, sleep and eat well, and are astonished to find that they can walk many more miles without fatigue than they could in England. There can be no doubt but the Riviera adds many years to the lives of such people.—From "*Wintering Abroad*," by Dr. Alfred Drysdale, of Mentone.

THE MODIFICATION OF HEREDITARY TRANSMISSION, BY MENTAL AND EDUCATIONAL INFLUENCES.¹

By JOHN W. HAYWARD, M.D., President of the Homœopathic Congress.

It is a fact that mental peculiarities and powers are transmitted to offspring; and that some offspring resemble, in these respects, more the male and others more the female parent.

Professor Herdman, in a very learned and profound paper, read before this Society,² gave us reasons for this fact—scientific and physiological reasons—showing us in what the fact has its origin. He led us up to its source, at the beginning of each individual, in the fertilised microscopic ovule, called by Francis Galton the "stirp," or in the hypothetical ultra-microscopic particles called the gemmules—the gemmules having the characteristics of the parent from which they sprang and conveying the same to the offspring to whose development they contribute. He taught us that it is the stirp growing into individuals resembling the parents that contributed to its formation, modified by the supposed gemmules, that is the cause of hereditary transmission: the offspring resembling more the parent that supplied the stronger, more numerous, or more active gemmules. He indeed went further, and accounted in the same way for the recurrence of ancestral peculiarities. It was, he said, by the recovery of activity by previously dormant ancestral gemmules, which had found their way into the stirp of the off-

¹ Read before the Literary and Philosophical Society of Liverpool.

² "Proceedings," p. 77.

spring; and he went further still, and accounted for variations and any improvement that might occur in offspring, by "the survival of the fittest" amongst the gemmules, which have to struggle for existence in accordance with the doctrine of natural selection.

Had Professor Herdman ended here, and not added the paragraph which concluded his paper, there would have been nothing with which I could not thoroughly agree. Indeed I thought then, and I still think, that a more apparently true, clear, definite and satisfactory explanation could scarcely have been given, so far at least as the merely physical phenomena of hereditary transmission are concerned; for it is undoubtedly true that as the tree is by nature, so by nature will the future seed be, and as the seed is so will the future tree be, or at least with very slight variation. That is, this is so in nature unmodified by human interference. When, however, Professor Herdman went on to question and to deny the effect and the permanency of the effects of training, education and nurture, I felt I could not go along with him; for to my mind it is equally true that a mannerless rustic of the past may have been the progenitor of a beau of the present generation, and a moralist of this generation may be succeeded by a profligate in the next, the reason of which we need not seek in the assumed recovery of activity by previously dormant ancestral gemmules, but in the influence of the education, training and surroundings which have been brought to bear on the individual in question, as numberless instances might be adduced to show, were it necessary. Indeed, our laws and our whole social system are based upon this conviction; the conviction itself being the common consent of mankind resulting from the experience of ages, so as to form the very *raison d'être* of our scholastic and educational institutions and efforts. When, after having traced hereditary transmission to the matter of the ovum and spermatozoon and the vital activities resulting from their union in the fertilised germ, and referring to cases illustrative of the opinion he had advanced, Professor Herdman deliberately went on to say, "In two of the cases discussed above I have neglected training, education, and nurture as being of comparatively little importance," and then to conclude with the following words, "Of course, it must be admitted that there are exceptional cases of nurture or surroundings which appear to have a marked effect upon the physical and mental condition; but such effects, according to the present theory,

need not modify, and certainly cannot directly modify, the gemmules of the stirp, and therefore would probably not be inherited,"—I say, when Professor Herdman thus summed up his remarks, I could not but feel that his language would tend to produce on the minds of many of the members of this society the impression that the human race was under the domination of blind fate and merely physical laws, and that as it had been created so it was to remain, except so far as it might be modified during the course of ages under the influence of the laws of evolution and natural selection. Such an impression was, to my mind, not justified by the facts of the case, nor was it desirable it should remain upon us who are responsible human beings, especially when induced by such an authority as Professor Herdman. I therefore the next day wrote to our secretary for permission to lay before you a few thoughts on "The Modification of Hereditary Transmission by Educational and Mental Influences."

Notwithstanding the unqualified, unhesitating, and apparently authoritative manner in which the merely physical transmission theory was laid before us, I cannot bring myself to believe that Professor Herdman intended to produce or leave upon us the impression that as the human race was created so it is to remain, except so far as it may be modified under the influence of the laws of evolution and natural selection, altogether uncontrolled and uncontrollable by mental and moral agencies. Yet that such an impression was produced, was evidenced by the remarks of Dr. Carter and Dr. Shearer; both of them complained of it, and both spoke at some length in support of the modifying and improving effects of training, education and religion. Had it not been thus evident that the impression was produced, I would not trouble you with any remarks on this matter, even though man's subjection to merely physical laws has been taught by other naturalists besides Professor Herdman; for I am afraid that it will appear to many of you, as it does to myself, that I am reviving the old and well-discussed question of "Art *versus* Nature in the Formation of Character," or am attempting to prove that which is really self-evident and all but universally accepted as true. Nevertheless, the subject ought not to be left, in this society, where Professor Herdman has placed it, even though he is supported by many other naturalists of great distinction.

I have myself always thought it was unjust to Darwin to impute to him the teaching of such an opinion. Francis

Galton has, however, I fear, justly laid himself open to the charge, when on the opening page of the introductory chapter in his "Hereditary Genius," he says:—"I purpose to show in this book that a man's natural abilities are derived by inheritance, under exactly the same limitations as are the form and physical features of the whole organic world. Consequently, as it is easy to obtain by careful selection a permanent breed of dogs or horses gifted by peculiar powers of running, or doing anything else, so it would be quite practicable to produce a highly gifted race of men by judicious marriages through several consecutive generations." There is here, it will be observed, no reference to anything but physical causes and material means—judicious marriages, the judicious mixing and transmission of the germ-cell and sperm-cell materials; as if man were a merely material being without any mental part whatever! And this is the less excusable in Galton because the subject of his book is "mental," not "physical," heredity, as his title is "Hereditary Genius," or mental power. It is true, certainly, that mental power is connected with material structure and bears a strict relationship to it, and that without material structure there is, in this world at least, no mental manifestation whatever; that, in fact, there is and must be a material basis of mind as there is a material basis of muscular power, of sight, of hearing, and of every other function man performs, and indeed of life itself. And it is true also that the material basis of mind is subject to the same laws of origin, nutrition, growth, and hereditary transmission as is any other material part of the animal organism. All this is quite true.

Now, in the scheme of creation, nature rises from the general to the particular, from the simple to the complex. In the animal world she rises from a general mass subservient to all functions to parts differentiated to special uses. In the lowest forms of animal life the whole body appears to be one organ, or rather, all the functions appear to be subserved by one mass. But as we rise in the scale of creation, we find nature differentiating parts to the performance of special functions, gradually more and more so up to the most perfect specimens of the animal kingdom—the mammalia, where apparently every function has its own organ. In the higher animals, and in man, the body is made up of an assemblage of organs, each to perform certain special work in the animal economy; and according to the size, activity, and power of

the different organs, so is the performance of the functions of the organs more or less predominant, and so is the character or temperament of the individual—bony, muscular, nervous, mental. When an animal has to perform certain special work, certain organs are made proportionately large and active for the purpose; and on the other hand, when certain organs are proportionately large and active, the animal or individual naturally performs the special functions corresponding with these organs; that is to say, all the organs acting, the larger and more active ones give the trait to the character of the individual.

Now, the material basis of the mind, in the higher animals at least, is the nervous system. Where there is no nervous system there are, at least, none of the higher manifestations; but wherever there is a nervous system, and in proportion to its development, there mental phenomena are manifested. It is not only in that part of the nervous system which we call brain, but the whole nervous system. In a general view of the animal creation, the brain, as Dr. Bastian has well put it, is not *the* but *an* organ of the mind. In some of the lower forms of animal life the nervous system is very simple, and one simple nervous system subserves all the nervous functions, and the mental as well. But as we rise in the scale of creation we find that nature has differentiated different parts of the nervous system to different uses, placing parts that subserve certain functions, as it were apart for that purpose; separating, for instance, the nerve cells that subserve nutrition from those that subserve sensation, and these again from those that subserve motion, and collecting the cells that subserve mental functions into that mass which we call the brain; and in proportion as the brain is developed, so is the performance of mental function relegated to it, the rest of the nervous system being relieved of mental function and left to those of nutrition, sensation, and motion. Nor does nature's differentiation of the nervous system stop here, for not only does she collect the cells that subserve mental functions as a whole into the brain as a whole, but she collects the cells that subserve the different manifestations of mind into different parts of the brain:—those that subserve the lower functions of the mind—the instincts—into the lower and back parts of the brain; those that subserve the higher functions—the moral faculties—into the upper part; and those that subserve the functions of acquiring and using knowledge—the intellectual faculties

—into the front part of the brain, and so on ; to each faculty of the mind its own material organ, as she does to every other function man performs ; every one has its own proper material organ. Man performs no function whatever except through or by means of a material organ.

Now, the material organs of the mental faculties, like those of every other function man performs, are made up of anatomical units called cells ; these are minute particles of living matter—protoplasm or bioplasm—transparent, structureless, and semifluid, like microscopic globules of mucus. These lie imbedded in another semifluid matter that has exuded from the capillary blood-vessels, and which supplies them with nourishment. By a long series of elaborations food is made into blood, and this is carried to every part of the body by the blood-vessels, the most minute of which—the capillaries—ramify everywhere amongst the cells of the tissues, and pour out there the more fluid part of the blood—the blood plasma or *liquor sanguinis*. The cells are alive, and by reason of the life that is within them they live and grow at the expense of the pabulum in which they lie. They take up this pabulum into their interior : each set of cells selecting the particles they require—the bone-cells the materials for bone, the muscle-cells the materials for muscle, the brain-cells the materials for brain, and so on ; and here, in the interior of the cell, its particles or atoms are drawn into the vortex of vital activity going on within the cell ; and here this matter is impressed with the vital motion and character peculiar to the cell by which it is appropriated—bone-cells making it into bone, muscle-cells into muscle, brain-cells into brain, and so on ; that is, this motion and character are impressed upon this new material whilst it is being developed, by means of the vital motion, from ultimate atoms to ultra-microscopic particles. How incalculably infinitesimal, then, are the materials with which nature here works, and how fine the motion—atoms in motion ! How sensitive, therefore, to disturbing influences—susceptible to electrical, nervous, and even mental influences ! When the atoms have been joined into infinitesimal particles, these are made into larger and more complex ones, and these again into still larger and more complex ones, through perhaps many hundreds if not thousands of times of increment of size of material and complexity of motion, up to those of the nucleolus and nucleus of the full-formed cell. When the nucleus is sufficiently grown it becomes a new cell, and the

old one disappears; this new cell then carries on the function and lives and grows in the same way, and in its turn leaves one or more successor to take its place. And this goes on continually whilst the life of the organ lasts. Should, however, the vortex of vital activities slacken or fail from any cause whatever, the growth and multiplication of the cells slackens or fails, and the organ tends to decrease in size and power; and should the functional activities be increased by any cause, the growth and multiplication of the cells increases, and the organs grow larger and more powerful.

Now one of the cardinal points in Darwin's great discoveries is, that disuse of an organ causes its decay, and so its non-transmission by inheritance; whilst, within certain limits, increased use increases and develops the organ used, and that this increase and development are transmissible by inheritance. And Darwin has shown, also, that this law has universal operation throughout the organic world. It is operative in vegetal and animal worlds alike, amongst the lower animals and in man, and it operates alike in man's physical and mental organism—in the material organs of his mind as well as in the material organs of his muscular power; in all his material organs alike. The cause of increase and development by use is, that use being the proper stimulus to the action of the cells of which the organs are made up, it increases the rapidity of the appropriation of the food supplied to the cells by the blood, and thus causes them to multiply more rapidly; and the cells being thus made more active and numerous, the organs are made larger and more powerful. Disuse has, of course, the opposite effect. And the cause of the transmission to offspring of this enlargement and increased activity of the organs is, that the motion and material of the germ-cell and sperm-cell are proportional representatives of those of the parental organisms at the time when the germ-cell and sperm-cell were formed. As before said—as the tree is, so will the future seed be, and as the seed is, so will the future tree be; or, as the parents are, so will the future stirp be, and as the stirp is, so will the future offspring be.

It is the activity of the vital motion going on within the cell that causes the growth and multiplication of the cells of the organ; it is the number of cells that makes the size of the organ, and it is their activity that produces the power. The activity of the cells results from two factors—(1) the primary impetus, and (2) the continuous stimuli. The

primary atoms of matter are supposed to be always in motion; this motion must necessarily be modified by the union of two or more atoms, and again by every added heterogeneous atom. The molecules of the germ-cell and sperm-cell have their own special vital motions. These are so altered by their union in the fertilised germ as to cause segmentation, and to impart to the stirp a *sui generis* motion. This vital motion, thus set up in the stirp, this "primary impetus," is the special vital activity or power of the ensuing individual, and gives the character—languid or vigorous, short-lived or prolonged, recuperative or otherwise—to the vital activities, that is, the *life*, of the different organs of his body. These activities of the cells are kept up in each organ by means of their own special and appropriate stimuli. The proper stimuli to the organs of the mental faculties are mental and educational influences. Educational and mental influences can, therefore, increase the size of the material organs of the mental faculties, and consequently cause a predominance of certain mental faculties in the character of an individual. Indeed, speaking physiologically, it is possible by influences brought to bear during the generation and growth of the cells, not only to increase the size of an organ but to absolutely alter its structure, and not only in the present existing organ, but also in the germ of the future being, the cells being by these influences caused to appropriate different material and to elaborate it differently.

If then it is true, as the foregoing considerations show that it can be, and as Darwin has shown it is, that disuse of an organ causes its decay and non-transmission by inheritance, and that increased use causes increase and development, it must follow, as surely as night follows day, that disuse of certain mental faculties will tend to diminish the size and power of their material organs, and that increased use of certain mental faculties will tend to increase the size and power of their material organs; and so the mental character of the individual will be altered. And if it be true that this diminution and increase are transmissible by inheritance, as Darwin has shown they are, it must follow in like manner that diminished or increased size or power of the material organs of the mental faculties is transmissible to offspring, and therefore that training and education must tend to improve the mental condition of the human race, and not only of the present but of future generations; and consequently that, contrary to Professor Herdman, training,

education and nurture do modify, and that directly, the gemmules of the stirp, and that this modification is transmitted by inheritance.

It follows then also, from what has been advanced, that it is possible to improve the human race intellectually and morally by means other than Francis Galton's judicious marriages; that is, by keeping active the higher and leaving dormant the lower faculties of the mind; in other words, by judicious mental training and education. That, in fact, it is quite as possible to improve man mentally by judicious mental training as it is to improve him physically by judicious physical training. True it is, indeed, that this mental improvement is very slow and difficult, and requires reiterated and prolonged efforts; but what great and good achievement does not? Even the physical improvement of mankind is one of the most difficult problems in nature; how much more so the mental? The physical improvement of man is much more difficult than is that of any other member of the animal kingdom, such as the dog or horse; these latter creatures are somewhat under man's control in this matter, whilst man himself is not. Francis Galton says:—"As it is easy to obtain, by careful selection, a permanent breed of dogs or horses gifted by peculiar powers of running, or doing anything else, so it would be quite practicable to produce a highly gifted race of men by judicious marriages." To my mind the two cases are not at all parallel. It does not at all necessarily follow that as the one is, so is the other—that as it is easy to do with dogs and horses, so it is practicable to do with men and women. Dogs and horses do not themselves make or carry out the arrangements that produce the breeds Galton refers to; these are imposed on them by man, who is their superior. Neither will man make or carry out such arrangements for himself. As with the inferior animals, so with man; if these arrangements are to be carried out it must be by his superior, not by himself; man will never do this for himself. Galton says: "It would be quite practicable by judicious marriages." But who is to arrange these "judicious" marriages? Man himself never will. I think Galton should have made use of the word "possible" instead of "practicable;" I doubt its being practicable. I am ready to admit the possibility, but I doubt the practicability; and I think Galton should have said, "It would be possible were it practicable." Indeed, I doubt if it is at all practicable, or even possible, to bring about judicious marriages to any

appreciable extent by any means whatever ; that is, judicious in the sense Galton here means. Men, and women also, are much too self-willed and selfish in this matter to marry principally for the improvement of the race. Marriage has been, is, and I fear always will be, too much a matter of mere chance to be made available for improving the race either mentally or physically. Nor would such improvement, if it were practicable, be rapid ; for it could only be effective at the beginning of each generation, and by small and uncertain increments, under the law of natural selection. On the other hand, educational and social training and mental and moral influences may be made use of to a very large and increasing, if not an unlimited extent ; and that continuously and by ever-growing increments, not only at the beginning but during the whole time of each generation. These are, therefore, the most potent of the means for improving the human race. Blair said :—

“ From Education, as the leading cause,
The public character its colour draws :
Thence the prevailing Manners take their cast—
Extravagant or sober, loose or chaste.”

CIVILISATION AND THE TEETH.

THE *Medical Times* says :—“ If the fully-evolved man of the future is to be, as has been prophesied, a hairless individual, he is only too likely to be—excepting his indebtedness to the manufacturing dentist—a toothless mortal also ; for which result a persistent preference for ornament over use must be mainly held responsible. If Helen of Troy possessed teeth as good as those of her Britannic contemporaries, she had probably as square a jaw, and a mouth of equally capable dimensions. One item in the civilised ideal of female beauty, the rosebud mouth to wit, is undoubtedly accountable for a great deal of the crowding and consequent injury of the teeth especially observable in patients of the upper and middle classes, while the frequent decay of the back teeth even before the marriageable age is reached, and the persistence of the visible front teeth till shortly after that age, would seem to show that natural selection has some of the infirmities not usually associated with abstractions, and that ‘ out of sight ’ is even for it ‘ out of mind.’ Certain of the luxuries of modern life, and the operation of some of its

so-called duties, aid in completing that destructive effect against which, curiously enough, another outcome of the civilising process—inherited gout—alone seems able to oppose its recognised attributes of large, regular, strong, and well-enamelled teeth. In the case of the negroes of the Southern States of America, a remarkable dental degeneration seems to have attended the changes in food and habits which followed the abolition of slavery. Formerly the slaves lived chiefly on corn-meal and meat: at breakfast coffee, and with dinner, vegetables were taken in addition. Occasionally wheat-flour took the place of corn (maize), but it was ground on the plantation and not bolted. This food, served at regular hours, and combined with plenty of fresh air, exercise, and sleep, made the teeth strong and hard. Now the negroes eat fine wheat-flour bread, spend a large part of their wages in sweetmeats, eat at irregular times, and sleep too little.

“The other side of the story is presented in a paper recently published by Dr. Kirk, who has under his care, in the Pennsylvania Institute for Deaf and Dumb, the teeth of some 400 children. By the time that the children have been a year in this institution an entire change is noticed in the character of their teeth; they have become so hard that the instruments must be re-tempered in order to cut the dentine in preparing the cavities for filling; they become more firmly implanted in their sockets, and extraction is thus rendered difficult; several cases of the spontaneous arrest of caries, and of new formation of dentine, have been observed. These favourable changes are attributed to the dietary, which consists largely of various preparations rich in bone-forming material, such as maize, oats, and wheat, from which the layer just beneath the siliceous coating has not been removed in milling, together with a liberal supply of milk and a limited amount of sugar.

“Another important, but only lately recognised, cause of dental decay, is the undue exaction of nervous energy—probably often combined with insufficient or improper alimentation. Recent observations have shown that carious teeth are common in modern schools in proportion to the educational standard adopted; and that the children in the higher forms have—out of all proportion to their more advanced age—worse teeth than those below them; while caries has not unfrequently been noticed to commence suddenly, or to extend rapidly, during the period of examination strain. The greater work imposed upon the cerebral and other

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nervous centres is supposed to divert a portion of the phosphates and other mineral constituents which ought, by rights, to be devoted to the nourishment and growth of the dental structures; and it is not improbable that the secretion of the buccal glands and mucous membrane is modified under the influence of mental exertion, to the deterioration of the teeth.

“A newly-awakened affection for certain hygienic reforms promises to accomplish much for us and for our descendants; but fashion and folly are doing even more in other directions. If it be true that the spread of a dietetic love of water is the real reason why the increase in the medical profession has not exceeded three per cent., something less innocent, surely, is responsible for an addition of 43 per cent. to the ranks of the dentists during the same period. Altogether, although the means of securing present comfort, and of avoiding an otherwise not distant era of toothlessness, appears quite within our reach, the prospect is not reassuring. A few generations will pass, and a posterity which may be learned in the application of ‘atmospheric suction,’ and in celluloid and gold plates, will universally sleep without its dental tools; it will miss the point of many allusions in the writings of its ancestors; and the figures which are now stereotyped in our handbooks of anatomy as representative of the infantile, the adult, and the edentulous jaw, will be regarded in the light of an anatomico-archæological puzzle. Teeth—in the sense in which we still use the word—will then remain only to such animals as are too stupid or too wise to be civilised and educated.”

DIPHTHERIA AND MERCURIALS.

By Prof. SAMUEL LILIENTHAL, M.D., New York.

IN the May number of your esteemed journal you speak rather disparagingly of the use of corrosive mercury in diphtheria (p. 139), and then cured, or at least bridged the case over, with cyanuret of mercury, sixth.

In Vol. I. No. 3, p. 158, of the *Zeitschrift der Vereins Berliner Hom. Aerzeta* that close observer, Goullon, remarks: “In diphtheritis we usually prefer the iodides of mercury, but we are fully convinced of the specificity of the corrosives. Especially in the most malignant forms of this dreadful disease mercury will always remain a sovereign drug. We

do not include here that ominous stage where the diphtheritis attacks the larynx, diphtheritis croupera, but only that stage and species of diphtheritis where the chancrous ulcerations cover thickly uvula and tonsils; we have the characteristic exudation with the ulcerating process wearing its destructive course beneath. Some might indulge in disinfecting gargles, but our chief reliance in this disease rests on mercurials, and we must never forget that it is in the nature of the disease and in the peculiar nature of some patients that amelioration is very gradual; but the final success pays for the steadfast adherence to the well-chosen remedy. In four-fifths of the cases the use of mercurials from the beginning renders the course of the disease so smooth that only with difficulty one is enabled to carry out the necessary dietetic and hygienic rules.

"Just triturate 0·01 Merc. cor. with 4·0 sach. lactis exactissime, or iodide of mercury in the same manner, and give three times a day *dry on the tongue* as much as you can put on the point of a penknife, and if you desire brushing over in order to destroy the profuse proliferation of the diphtheritis fungus and to prevent self-inoculation by the exudation, you may be allowed to do it, though it is an unnecessary procedure, but there is never any need of a concentrated solution, 0·5 acid carbolie to 50·0 aqua distil. and 2·0 alcohol suffices; and of this solution put 15 to 20 drops in a cup of water. I (Goullon) do very well without it, for our chief reliance is on mercury. Perspiration breaks out under its use, the fever, with its frequent deliria and frequent adynamic pulse, decreases, the troublesome (occipital) headache and the throat troubles cease, the extruded exudation takes on a greyish appearance, shrinks, and gradually disappears.

"Villers' *Mercurius cyanuret* has earned a high reputation not only in common diphtheritis, but even succeeded in curing some cases of diphtheritic croup; but those who used it with so much benefit insist upon the medium dilutions, sixth to twelfth (the thirtieth acts still better), and after its selection let us adhere firmly to it, and we can hope better results from such close adherence to a well-selected drug than from constant changes."

So far Goullon, who wrote this article for members of the old school who desire to investigate the truth as it is found in Homœopathy. I have hardly ever used corrosive mercury in diphtheria; formerly my reliance was on the biniodide,

kali bichrom., ice or ice cream for the throat, and nutrient enemata steadily given every four hours, and I was fairly successful. The cyanuret of mercury (but a good *fresh* preparation of it, many of our drugs spoil by keeping and a renewal of our armamentarium may be necessary once in a while) in the thirtieth has done well for me. We must individualise the disease, and for the adynamic, quickly prostrating diphtheritis the cyan. is the antidote, and mercury counteracts the foul exudation. Will we ever have a condensed homœopathically specific therapia?—*American Homœopath.*

A FEW CASES FROM MY NOTE-BOOK.

By THOMAS SIMPSON, M.D.

THE general practitioner is often called upon to meet emergencies which demand the deliberate choice of means best suited to attain the object in view, when delay or indecision may involve dangerous or even fatal issues.

On such occasions it is of the first importance that from experience and an intimate knowledge of the action of medicines under similar circumstances, he should be delivered from all doubt as to the best means likely to accomplish the desired end.

How often precipitate haste is found to neutralise our efforts by leading us to select a remedy *not* strictly suitable to the case in hand, because it does not happen to be homœopathic to the symptoms. Hence valuable time is lost, and our chances of affording relief or cure greatly impaired when we reasonably expect to accomplish most, even in the early stages of disease. Moreover, the administration of drugs *not* strictly homœopathic sorely complicates our difficulties by engendering medicinal symptoms. The decline of Homœopathy during the last few years is, in a great degree, due to the neglect of Hahnemann's writings, of his rules for practice, and of that careful study of the *Materia Medica* which he insisted on in his disciples. The *rules* which serve for the application of a remedy in the treatment of disease have received the name of *indications*. The indication is the evident necessity for a fixed course of action, which means,—give the remedy which is indicated by the totality of the symptoms, and of the lesions, and to the course of the disease, or, in other words, to the *disease in its totality*; and, under the term in-

dividualisation, he understands the searching out of all peculiarities which the case of the patient (whom we have to treat) presents. So, then, the practice of Homœopathy is always the finding of the specific for the case under consideration, and *this finding* is to be repeated in every succeeding case individually to the end of time, though the thousands of succeeding cases may be called by the same name. The law of similars requires that the agent be found and given which, in its effects on the organism, presents the greatest resemblance to the manifest signs of the disease to be cured. In our investigations we are often led to the selection of a remedy we had no expectation of giving, and the speedy and manifest improvement in the symptoms amply justifies our choice. The most conclusive confirmation of the truth of this statement may be found in the success which so frequently attends the conscientious physician who ignores nosological distinctions and carefully selects the simillimum, as the few cases here recorded may testify.

A young lady at seventeen contracted a severe cold in December, 1882. She persisted in going out for several days, and when I saw her in bed a week after feeling a violent chill, she *had* evidently reached the second stage of pneumonia—fever heat 105°, pulse 132, respiration 50 per minute; cheeks crimson; thirst and startings from sleep in a fright; restlessness. Indications—for *Bry.*, *Bell.*, *Acon.*, *Cham.*—shining redness of cheeks; skin burning hot pointed out *Belladonna*, which was given every three hours in drop-doses of No. 12c. In forty-eight hours the symptoms were so much relieved that *Saccharum lactis* was given for twenty-four hours. Dyspnœa, circumscribed redness of cheeks, in the evening; sanguinolent expectoration, perspiration, tongue dry, was the group of symptoms which pointed to *Phosphorus*, of which two drops of the 60th potency were given every four hours with the happiest results; the remaining symptoms were dulness of lower lobe of left lung, dyspepsia, sinking sensation at epigastrium; tongue coated in morning, for which she took *Sulphur* 12c, one drop three times a day removing all her morbid symptoms.

Case 2. A delicate boy, aged ten years, having recently suffered from measles, I found in the following state three weeks after the eruption:—Emaciation (marked), face pale, damp (except from 4 to 8 p.m., when there was circumscribed redness of cheeks), nostrils dilated, tongue and mouth dry, left lung hepatised, cough dry, with wheezing expectoration

(blood-streaked); dyspnoea from least exertion. He got *Lycopodium* 30c, six doses, when the relief was so marked that no more medicine was required except "*Kali Carbonicum*," which I gave for sweat on upper lip during sleep. His recovery was satisfactory.

We frequently find sudden dyspnoea, high temperature, and alarming symptoms occur at the end of an attack of measles, arising from capillary bronchitis or lobular pneumonia setting in as the eruption is fading away, and demanding very prompt treatment. The fanlike action of the alae nasi, fetid breath, thirst, and thickly-coated tongue point to *Mercurius*, and I have found it often of essential service in such cases, frequently causing the whole process to retrograde. In 1877 a strumous little girl, whose parents were eczematous, had a mild attack of measles in the Isle of Man, and was so far recovered as to permit of her removal to Liverpool. I saw her a few hours after her arrival at St. James's Mount, Liverpool. She had a very rapid pulse, high temperature, flushed face, respiration 45 per minute, delirium, disturbed sleep. I learned that all these symptoms had supervened during the previous night. I found the lungs engorged in the lower lobes, numerous moist râles were audible in upper lobes. She was drowsy and perspiring, the skin intensely hot to the touch. *Bell.* 12c every three hours speedily subdued the fever, but the offensive breath, thickly-coated tongue, headache, with blood-streaked expectoration, pointed to *Mercurius*, which she got every four hours in the 12th dilution, which removed urgent symptoms in three days, and she needed only *Sulphur* to complete her cure in three weeks.

In three cases in Glasgow, in one family, I found similar symptoms, which were soon relieved by *Mercurius Sol.* 12; followed by *Sulphur* after five days, the indications being dyspnoea, spasmodic cough (worse at night), skin burning hot, at times covered with copious sweat; tongue yellow; soporous condition.

Opium is often indicated in the lobular pneumonia following measles or complicating pertussis.

Thus we learn how futile our efforts are to combat diseases of a very acute character, excepting by the *simillimum* carefully selected, and given at lengthening intervals as improvement is manifest. It is even so in chronic and apparently intractable cases. Just now I have a girl aged ten under treatment who has suffered for fourteen months from chorea.

She is ruddy and plump, of a lively disposition naturally. I learned from her mother the following history. In May, 1883, she had twitching of facial muscles, difficult speech, offensive breath, furred tongue. Sensitive to correction, she cries if spoken to. I observed involuntary jerks of single muscles, spasmodic movements of various parts of body, idiotic expression of face, cervical gland swollen; damp, cold hands. I gave *Agaricus Muscarius* 30, six globules every morning. No improvement to justify its continuance. I changed it for *Calcarea Carbonica* 30, six globules every fourth morning. Improvement was so marked in fourteen days, especially in the mental and moral symptoms, that I gave *Saccharum lact.* every fourth morning for a month. Result, rapid and marked improvement manifest in her appearance, disposition, and absence of spasms and twitchings, and restored digestive powers. *Calc.-Carb.* will quickly remove dyspepsia of children when indicated, as it often is, by the mental or moral state—peevish and depressed, and irritable.

George J.—n, æt. six years, Dumbarton. After exposure to cold seized with chills, followed by fever, dyspnoea, stitch-pain in side. I saw him five days after attack; in interval he received *Ipecac.*, *Conium*, *Squills*, *Paregoric* in a mixture, and a grey powder each evening, without any relief. I found him in a high fever, with flushed face and coated tongue. Pulse 132; temperature 104-5°; slight delirium, with dilated pupils and restless sleep. He received four globules of *Belladonna* every four hours, as much water as he desired, and warm milk. In twenty-four hours the symptoms were relieved so manifestly that I prolonged the intervals of the doses of *Belladonna*; and so rapid was the disappearance of the whole group of symptoms, that in seven days the child was quite well. The indications for *Belladonna* were obvious—viz., skin hot, imparting a burning sensation to the hand; face flushed; delirium, hyperæmia of the lungs. Contrasting this with another case as nearly analagous as possible, which I watched about this time, under treatment of an intelligent and regular physician, but which terminated fatally on the eighth day, I was naturally impressed with the immense advantages of the homœopathic system of cure over other *empirical* and, therefore, uncertain systems.

It is scarcely possible to overrate the importance of minute individualisation, and our facilities are now so great as to leave us no excuse for careless prescribing or routine practice,

with the elaborate repertories and exhaustive treatises on *Materia Medica* at our command. With Lippe's "Text Book" and Hering's "Condensed *Materia Medica*," we may accomplish much, but we shall soon find such treatises as Allen's "Materia Medica" and the "British Cypher Repertory" essential for the study of our cases.

Trusting these hints may be acceptable to my *confrères*, I shall hope to continue similar contributions.

Glasgow, July, 1884.

URIC ACID.

At a late medical meeting Dr. Latham read a paper on the formation of uric acid in animals, its relation to gout and gravel, together with an explanation of the mode of action of some of the remedies used in the treatment of these diseases. Dr. Latham pointed out that the beneficial effects of remedies used in gout and gravel were due either to the removal from the system of glycocine (calomel and rhubarb, for instance, causing biliary discharges from the alimentary canal), or to the remedies combining with glycocine, as benzoic acid and salicylic acid do, and so preventing the formation of uric acid; or, if the uric acid existed in the blood, by decomposing it with such remedies as iodide of potassium. Hydriodic acid in the laboratory decomposed uric acid into carbonic acid, ammonia, and glycocine; and Dr. Latham attributed a similar effect to iodide of potassium in the system. He further pointed out that the imperfect metabolism of glycocine might in another way, by its oxidation in the tissues or in the blood into oxalic acid, lead to the development of the so-called oxalic acid diathesis. He thought it probable that the nervous symptoms which sometimes preceded gouty attacks were due to the presence of oxalic acid formed in this manner.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

HOMŒOPATHY IN INDIA.

DEAR SIR,—We have been requested by a correspondent to send you the annexed notification, with the object of making the announcement as widely known as possible. Will you kindly give it publicity? and oblige,

Yours faithfully,

HENRY TURNER & Co.

170, Fleet Street, London, E.C.,

August 25th, 1884.

“A second homœopathic dispensary has been opened in Bombay by Babu Tooharam Talya. It is called Theosophical Society’s Homœopathic Charitable Dispensary.”

[The immense progress now being made by Homœopathy in India is very pleasing, and we are much obliged to Mr. Turner for the foregoing notice.—ED. H. W.]

LONDON DOCTORS AND CHEMISTS.

DEAR SIR,—I herewith enclose a circular just received from Messrs. Leath and Ross, offering to supply their agents with ϕ and 1x medicines, which will, of course, mean tinctures or pilules, of *Arsen.*, *Phos.*, and *Sulphur*, which I think should meet with an editorial reprimand for ignoring the Pharmacopœia instructions, for when a London firm says there is a matrix tincture or pilule of such medicine, we country chemists are treated as knaves or fools for saying there is not.

Another point I should very much like mentioned is the very unfair manner in which London doctors advise their patients to get only a London maker’s medicines. As we country chemists are quite as capable, and many of us have had a London training, the only reason to be assigned is

that the doctor gets a commission on the sale of such medicines.

Yours truly,

140, High Street, Oxford,
August 29th, 1884.

J. H. JESSOP.

[As to Messrs. Leath and Ross's circular, we are informed by Mr. Ross that the thing referred to is a printer's error, and is being corrected. The reason why London doctors as a rule prefer London chemists is simple enough; it is because they are near and reliable. For the same reason Oxford doctors usually prefer Oxford chemists. Doubtless it is often hard upon country chemists all the same, and the more so as their *clientèle* is comparatively limited. No one imagines that a London chemist is better than a provincial one, but the converse is also true. As to doctors getting a commission from their chemists, we hold it to be immoral and we believe very rare; we have never known of but two cases of the kind, and both were in country towns.—Ed. H. W.]

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

DEAR EDITOR,—As corresponding secretary and one of the founders of the I. H. A., permit me to crave the somewhat unusual privilege of replying to your review of our *Proceedings*.

(1) You say it "contains a good deal of rubbish." Perhaps as you stigmatise *all* "Proceedings" in the same way, we ought not to complain; but seeing that it is the desire of the I. H. A. to leave all "rubbish" to the half-homœopaths, will you kindly point it out, that we may know what to avoid for the future?

(2) You say you cannot see why the members of A. I. H. "should be other than fit companions for the most strict Hahnemannians." I reply that most of the members of I. H. A. are also members of A. I. H.; only the former like to have in addition an association where they can relate their experience without being snubbed and sneered at by an Anti-Hahnemannian majority.

(3) You say, "Personally we could not sign the first preamble of the I. H. A., for the good and sufficient reason that it is not true." The first preamble is, "Whereas, we believe the Organon of the healing art as promulgated by

Samuel HAHNEMANN to be the only reliable guide in therapeutics." Is this "not true"? Is the *Organon* unreliable, is there any other "reliable guide in therapeutics"? If so, please tell us what it is.

(4) You are severe on us for printer's errors. Well, *testa* for *tosta*, and *magnus* for *magna* are very provoking, and tend to cause the unregenerate Hahnemannian to use "cuss words;" but don't be too hard upon a poor sinner for being caught in one of the devices of the devil—the printer's "devil" I mean, of course. After all, they are not so bad as the blunder said to have been made in a catalogue of the Awards of the Jury in the British Section of the French Exhibition in 1878, in which the president was described as "His Royal Bigness the Prince of Males"!

(5) But "the most unkindest cut of all" is when you speak of Dr. Lippe's "quasi-homœopathic mode of prescribing," thereby accusing him of "mongrelism," which he detests as his S-t-n-c M-j-sty is said to hate holy water! You say that the case "had many of the ordinary symptoms of hydrophobia—'strange spasms'—and evidently Dr. Lippe did not quite know what to give, and finding that the patient had strangury also, he forthwith gave *Cantharides* 200 (Jenichen) for the strange spasms simulating hydrophobia." Then you proceed to say that "evidently Dr. Lippe's conscience of homœopathician smote him for giving *Cantharis* for hydrophobia-like spasms, because the patient had strangury! How seeketh the vituperative homœopathician to save himself? He exclaims, 'There could not be the slightest doubt but that *Cantharides* covered the totality of the symptoms.' Oh, fie, Dr. Lippe! What if such a thing had been said at the A. I. H.? Evidently he gave *Cantharis* for the strangury, and the spasms disappeared also. What sad decadence at the very initiation of the I. H. A.!"

I have quoted your words in full, that there may be no mistake. Surely you must have intended this criticism for a "goak," to test our real knowledge of the *Materia Medica*. I beg your readers to compare the following symptoms, and then say if the accusation of "quasi-homœopathic" prescribing is deserved. Dr. Lippe describes the patient's spasms thus:—

"When she heard water poured out, or when water was offered her, or if a looking-glass was presented to her, she suddenly jumped to her feet; the muscles of the body were

rigid, the spine was rigid and stiff, but her arms, hands, and facial muscles were convulsed; she groaned, and upon being approached she attempted to scratch and bite the person coming near her; the eyes were wide open, her look was savage. The attacks lasted from two to five minutes; then she gradually relaxed all the muscles, and assumed a horizontal position. Her spasms were preceded by an ineffectual and extremely painful desire to pass urine."

Now let us examine Allen's Encyclopædia. There we find under *Cantharis* (pp. 533-4):—

"Convulsions *with horror of liquids.*"

"Terrible convulsions. When we sought to apply a sponge, dipped in a warm and oily embrocation, to the most painful part of the abdomen, the patient irritably *broke away like a madman; his eyes became fiercer; the mere sight of liquids was sufficient to produce them*" (the attacks).

Will any one still assert that the remedy was not selected according to the "totality of the symptoms"?

(6) Further, you have done Dr. Lippe another injustice by saying that he committed a "very fatal error," because, "dreadful to relate, he actually repeated the dose of the remedy; and why? Because (p. 263) 'no doubt some turpentine was still retained in the feet!'" This criticism cannot have been penned with your usual justice and impartiality. Why was it "dreadful" or "a very fatal error" to repeat the dose? Does not the Master say that many cases *require* a repetition? Again, Dr. Lippe did *not* repeat the dose *because* (p. 263) "some turpentine remained in the feet." If you refer to p. 262 you will see that he repeated the dose *because* there was a relapse; and afterwards he accounted for that relapse (p. 263) by the protracted existence of the exciting cause—viz., the turpentine absorbed into the system.

(7) Finally, you accuse us of endeavouring "to block the path of progress in medicine by setting up the *Organon* as a veritable Bible," a proceeding which you condemn as "altogether unworthy of men of mind." Before thus accusing us, would it not have been better to demonstrate that the teachings of the *Organon* were erroneous or deficient? But I accept the comparison. It should not be forgotten that there are at least two sects of Christians, who while accepting the Bible as authoritative, claim to supplement it with further revelations, not contradictory or superseding, but developmental and explanatory. So with the *Organon*; the

true Hahnemannian, while accepting it as "the only reliable guide in therapeutics," does not shrink from developing it *on the same lines* wherever that can be done. There are points on which HAHNEMANN, in his published works, has only given us hints, leaving them to be developed later. But to build another storey to the Grand Temple of Homœopathy which HAHNEMANN founded on the rock, faithfully following the plan laid down by the immortal Architect, is a very different matter from trying to pull down the temple and substituting for it another, composed of large doses, mixed and alternated medicines, and pathological prescribing, and built upon the—sand!

"Too many of the cases of disease that come before us are not cured by *any* of us." True, for *humanum est errare*, and though Homœopathy, as a Law of Nature, is infallible, we are not infallible in applying it; but will you give us *one single instance* of a case being cured by any other means, after the true Homœopathy of HAHNEMANN had been tried and found wanting?

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

[Even editors require a holiday at times, but if all were as merciless as our correspondent it is quite certain that the editor of the *Homœopathic World* would never get one. As, in spite of this formidable epistle, we intend having a little holiday jaunt, we must leave it to speak for itself, merely remarking that comparing the *Organon* to the Bible is unbecoming.—Ed. *H. W.*]

"AN EX-PUBLIC VACCINATOR."

As not only an ex-Public Vaccinator myself, but surgeon to a large Union Hospital, and Medical Officer of a Poor-Law District for a long series of years, I desire courteously to record a word or so of hearty protest. Your correspondent describing himself as above, has repeated a story so old and so stale that it ought ere now to have died of its own shame. Obviously, "An ex-Public Vaccinator" wishes your intelligent readers to forget their reason, logic, and common sense, and to arrive at the conclusion, however gratuitous, that all the evils of vaccination and re-vaccination, or the

non-prevention, or want of modification of small-pox, by means of vaccine lymph, throughout the world, are invariably due to the blundering or "improper performance" of the operation itself! Is it in such terms, alone, that Nature's laws of life, health, and disease, are enunciated? "Ex-Public Vaccinator" has delivered himself of some excessive assurance, even though its pouring-out be not effulgent with shining light in the same ratio as its fragrant self-commendation, or the veritable eglantine of egotism! As Punch says, "that struck me as rather cool." Why? Because an "Ex-Public Vaccinator" virtually imputes want of adequate skill, professional ability, and soundness of judgment, on the part of all those British and foreign physicians or surgeons whose experience in vaccination and re-vaccination is considerably greater than his own; or relegates them by an equally facile process to the category of egregious fools, vile knaves, or shocking impostors. *Inter alia*, is it reasonable to believe that an "Ex-Public Vaccinator" has so assiduously watched the career, or course of life, individually, of 17,000 children after vaccination, as to certify them at maturity to have enjoyed an absolute immunity from evil results? Sympathy for the distresses of Miss Ellen Terry, and countless other unfortunate sufferers from vaccine lymph, or what not, makes one deeply regret that their particular inoculation had not been done by your omnipotent E. P. V., possessing, as he must, the somewhat rare, yet most desirable quality of being incapable of error. Possibly, also, he may deem his power so infinite as to make two straight lines enclose a space, or the cube of 3 to be other than 27, and kindred trifles. He thinks in fancy, and has thoughts in sleep, of our punishment by stripes of cat. At the same time, it is hardly magnanimous for such a medical Goliath of Gath mercilessly to crush beneath his feet "at one fell swoop" two such good and useful men as Dr. Garth Wilkinson and Mr. William Tebb, physician and patriot respectively. "Fie, my lord, fie! a soldier, and afeard?" Over the *Homeopathic World* let us rejoice—the light of science and philosophy is shining, and its learned and impartial helmsman judges both sides of a question, and distinguishes so rightly as to regulate his scientific opinions by reason, according to logic and catholic experience, and would therefore leave an operation so exceedingly questionable in its prophylaxis as vaccination, if not morally reprehensible, in the power of a people's choice, and

not enforce its performance, as now, by repeated fines and imprisonment, or official medical despotism, knowing, as every educated sanitarian knows, that various diseases are developed or propagated by vaccinifers reported to be in excellent health. Evidence upon evidence, alas! is simply irrefragable. Your philanthropic "Ex-Public Vaccinator" has discovered an island, and if, in the exercise of a grand vocation, he rises to the height of the great argument, *pro et con*, it will not be long before he learns that it is only the promontory of a vast continent.

AN EX-VACCINATOR OF FIFTY YEARS' EXPERIENCE.

ALLOPATHIC RECEIPT FOR HOMŒOPATHIC SOUP.

TAKE a robin's leg—mind, the drum-stick merely,—
Put it in a tub, filled with water nearly;
Set it by itself in a place that's shady,
Let it stand a week—three days for a lady.
Put about a spoonful into a fine large kettle,
Which may be of tin, or any other metal;
Fill the kettle up, set it on a-boiling,
Stir the liquor well, to prevent its oiling.
Add one grain of salt, for thickening one rice kernel,
And take to light the fire the *Homœopathic Journal*.
When this soup is made, nothing can excel it;
Then three times a day let the patient smell it.
If he chance to die, say 'twas Nature did it;
If he chance to live, then give the soup the credit.

[A facetious friend sends us the foregoing poetic effusion, that, we learn, has turned the laugh against our poor pathy; but then—

Dear allopathic friend,
Thine ear to us do lend;
And learn, what babies know,
Thy nose is not thy toe.

Physic, no doubt, is good,
Thy logic makes it food;
Soup for thee is physic,
Curing phlegm and phthisic.

And since thou treatest croup
With allopathic soup,
'Twill follow—croup is hunger;
Thyself!—a cabbage-monger.

Ed. H. W.]

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

“EX-PUBLIC VACCINATOR.”

—We find your communication here on our return from our holiday; it is too late now for this issue, but it will appear in our next. We observe with regret that it contains no apology for having falsely stated that we had turned the *Homeopathic World* into an anti-vaccination journal. By the way, the supposition of a contemporary, and of yourself, that we say that vaccine matter is pus and *not* lymph, from ignorance of its ordinary physical qualities at different stages, is sublimely simple.

BOOKS AND JOURNALS
RECEIVED.

Hereditary Peers *versus* the People. By George Dunn, M.D. and J.P.

The Guide, No. 2.

Homeopathic Physician, Nos. 7 and 8.

Monthly Homeopathic Review.

Characteristic Conditions. After Bönninghausen. By E. Jennings Lee, M.D.

CORRESPONDENTS.

Communications received from Dr. Lade, Glasgow; Messrs. Henry Turner and Co., Fleet Street, E.C.; Dr. Geo. Dunn, J.P., London; Dr. Proctor, Birkenhead; Dr. Fischer, Sydney, New South Wales; Dr. Berridge, London; Dr. Abbott, Wigan; Dr. Belcher, Brighton.

The Homeopathic World.

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Palliatives in Renal Calculi; the Fallacy of Drawing Conclusions from a Single Case.

Temperance and Liberty versus Teetotalism and Slavery.

Allopathic Appropriation.

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History and Proceedings of the International Hahnemannian Association for the Years 1881-2-3.

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Dr. Clarke on M. Pasteur's "Cure" (?) for Hydrophobia.

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SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

NOVEMBER 1, 1884.

THE VALEDICTION OF THE "BRITISH JOURNAL
OF HOMŒOPATHY."

WE lately received the October issue of the *British Journal of Homœopathy* and were pained to learn that it was its valedictory number. It had appeared regularly for forty-two years and was the oldest medical quarterly in this country. We are told that it ceases to appear, not because it had declined in circulation or lost in literary support, but because it has, in the opinion of its editors, attained the object for which it was started forty-two years ago and a few months before the death of Hahnemann. This is eminently satisfactory. For all that we cannot but see the irony of fate in this, that the last number of the *British Journal of Homœopathy*, which has always aimed at indoctrinating the medical profession itself, *after the graduation of its members*, with Homœopathy, should contain Dr. Hughes's account of the mighty position of Homœopathy in the United States of America, due to following a policy the very opposite of that of the *British Journal of Homœopathy*. We have always maintained that this policy is attempting the impossible, as the only profitable way is to *bring up medical students in homœopathic institutions*. In their valediction the editors of the *British Journal of Homœopathy* make a point of having always addressed the profession on purely medical matters and left the task of popularising the system of Hahnemann to others. Quite right. And what else? They have also left to others the task of giving a homœopathic education to medical students, and with what results? They have reaped what they sowed; or rather they would not sow, and now that the reaping time has come there is no harvest, and they are largely to blame. They say, "We

think we may fairly claim to have borne no insignificant share in placing Homœopathy *in its present satisfactory position in general medicine.*" Homœopathy in a satisfactory position in general medicine!! What a delusion! Why Homœopathy has no recognised position in general medicine at all!! What the editors may fairly claim is to have provided a splendid quarterly medical journal for advanced medical men over a period of forty-two years, to have followed steadily in the lines of the highest principles of professional etiquette the course they believed in, to have mercilessly extinguished all who differed from them, and to have finally landed British Homœopathy in a—*cul de sac.*

Let no one misunderstand us; we yield to no one in the sincerest admiration for the editors, but when they retire they have no right to say that they leave Homœopathy in a satisfactory condition in general medicine, for they do nothing of the kind.

Had they followed the course adopted by the Americans, we should now have a Royal College of Homœopathic Physicians and Surgeons, with a couple of thousand of homœopathic doctors, all WELL EDUCATED and legally qualified; *then* Homœopathy would have been in a "satisfactory position in general medicine," and the *British Journal of Homœopathy* would long since have been a weekly medical paper with some three thousand subscribers. *Then* we should have been a power both in the land and with the profession.

Now they are in a *cul de sac.* They have preached the thing so long and so ably, and through nothing but evil report, until there are a few choice spirits in the profession who are introducing a few broken bits that have fallen from their homœopathic table, but abusing them and the rest of us more than ever! Now in order to get out of this *cul de sac* there is really nothing for it but a change of front, with a new sign, so as to save the goods in the old store. So far so good; but those who maintain that the present condition of Homœopathy in general medicine is satisfactory are saying the thing that is not. The fatal fault of the editors of the *British Journal of Homœopathy* is that they have lacked in sound statesmanship and practical policy. They have given grand but hard food, needing grinding, to a *toothless* profession who could not profit by such food. Might as well give beefsteaks to new-born babes. The medical position of the *British Journal of Homœopathy* is at least a hundred years ahead of the profession of to-day, while the policy they have

followed is a century behind the times we live in, but abreast of the rank and file of the medical profession itself. The editors of the *British Journal of Homeopathy* have deserved well of scientific medicine *per se*, but they have not advanced our reform within the profession, having always preached to the profession, who have never listened, or to the already converted. In medicine the future always belongs to the students; in the past we have ignored the students, and the present is therefore not ours, but the blame is ours, and of this blame the editors in question may justly claim a very large share indeed.

THE HOMŒOPATHIC CONGRESS, 1884.

THE usual Annual Congress of the practitioners of scientific medicine took place last month in London. Some eighty medical men were present, under the presidency of the eminent Dr. Hayward. As we hope subsequently to print Dr. Hayward's address, we need now only say that it was well received, and that to us it appears peculiarly timely. The other papers will be found in the "Transactions" published in the *Monthly Homœopathic Review*. They are all useful contributions to medicine, though not striking. There was the usual banquet, and much mutual good feeling and strengthening of hands in our battle against prejudice, trades-unionism, and ignorance. The Congress meets next year at Norwich, an old stronghold of Homeopathy, where resides Dr. John Roche, the vice-president-elect. We shall have a capital local secretary in the person of our friend Dr. E. B. Roche, also of Norwich, whose name one misses in our literature. The president-elect is Dr. Herbert Nankivell, of Bournemouth, a fine type of the British physician and Christian gentleman, whom we shall all delight to honour.

THE MATERIA MEDICA CHAIR.—Dr. John H. Clarke, late co-editor of the *British Journal of Homeopathy*, has been appointed Lecturer on Materia Medica to the London Homœopathic Hospital Medical School, *vice* Dr. Compton Burnett resigned.

THE LAW OF SIMILARS THE SCIENTIFIC PRINCIPLE OF VACCINATION—HOMŒOPROPHYLAXIS.

By J. COMPTON BURNETT, M.D.

THE march of science is here and there shedding new light on old facts, and it is the privilege and duty of physicians to keep their shutters down and let in as much of the light of truth as possible. Prejudice occludes the mental windows of most of us more or less, and the old cobwebs of effete scholasticism are everywhere to be seen.

For most people, what has been once accepted as right remains right to the end of the human chapter whether it be true or false. We are all apt to take sides, and our side is the only right one.

Subjects that have been much discussed and disputed about become stale and a veritable nuisance to the jog-trot feelings of comfort of those who have made up their minds that it is so or so, in that they take no earthly interest in the matter, merely wishing to be left alone in the peace of indifference. Homœopathy is such an unwelcome subject, and vaccination is another. Speaking generally, nobody wants to hear anything about either, and still less to have them brought into correlation. And yet, what mundane matters more important?

Notwithstanding all that has been done in the matter of vaccination, the *principle* underlying it has hitherto escaped proper attention, and both vaccinators and anti-vaccinators have done next to nothing to place vaccination upon a scientific basis; it remains just where Jenner's cow-maid put it, an empiric fact. Like opium for Molière's hero, *quia est in eo virtus dormitiva!*

That is just the reason why vaccination is—what it is! They go into ecstasies about its being a “beneficent operation,” “the greatest triumph of medicine,” “so perfectly harmless,” “so beneficent that only idiots and fools object to it.” “Sixteen thousand cases of vaccination,” done by “Ex-public Vaccinator,” and “he never saw any ill effects in a single case.”

The sage and prudent *Monthly Homœopathic Review* with ill-concealed pent-up wrath comes along and throws ignorance in my teeth because I have spent seventeen years trying to understand the why and the wherefore of this belauded and hated vaccination. “Dr Burnett is utterly in error,”

exclaims our contemporary. Gently kind friend at the Wells, suppose the boot should be on the other leg? There are things certain and uncertain, but one very certain thing is that *you* do not understand the science of vaccination any more than the editor of the *Lancet* understands Homœopathy, and *that* ignorance is complete enough. The art of vaccinating is one thing, *that* my belittler in the *Review* understands as well as the rest of us. My university professor certified the same of the humble writer just seventeen years ago. So much for the kind reviewer's insinuation about "properly instructed vaccinator"!

What is vaccination for the *Monthly Homœopathic Review*? In its September issue, page 553, we read "What (*i.e.* vaccination) Jenner proved would produce a condition of health (*sic!*) insusceptible to variolous infection, etc."

Now before we go any further let me reiterate that I am a believer in voluntary vaccination; and just because I am a believer in its efficacy (IN PROPER DOSE), from my own observations, I have done my best to establish it upon a scientific basis, first of all in my own mind for my personal mental satisfaction. And then, having succeeded, as I believe, in thus bringing the question into clear light, I inflicted a little work upon the world entitled "Vaccinosis and Homœoprophyllaxis."

With this confessional interlude let me return to the philosophy of vaccination according to the *Monthly Homœopathic Review*. In its own words vaccination "produces a condition of health insusceptible to variolous infection"! And, further, to be safe and efficient the matter used "must be lymph and not pus"! Vaccination protects by producing a condition of health! It is harmless *lymph* that does it.

That position is absolutely untenable and so puerile that we marvel how a thoughtful man, and a homœopath too, could pen such sententious nothingness. Accepting vaccination as an empiric fact is a comprehensible agnostic position, but to give *such* an explanation shows that the *Review*-writer has not been able to grasp the subject at all. It is precisely on a par with saying that aconite cures febricula because it is the harmless herb *Aconitum*, and arsenic cures diarrhœa because it is the harmless *Metallum album*. Vaccination prevents variola, not because it is done in this way or that way, nor yet because it is done with lymph or pus or blood, but because it is done with a specific virus from the

vaccine pustule or vesicle capable of producing in the human subject a *similar disease*. Both *vaccinia* and *variola* are *similar pustular diseases*, so similar that some declare them to be identical; hence I deduce the principle *similia similibus præveniuntur*.

The *Monthly Review* cannot get above the actual vaccinating act, and its sequelæ such as erysipelas, sloughing and the like. I do not regard these accidents as specific effects of vaccination at all, and they constitute no part of what I have ventured to call (following Goullon's Vaccinose) *vaccinosis*.

Our contemporary has equally completely failed to understand my position in designating the so-called vaccine lymph pus. It forthwith jumps, or pretends to jump, to the conclusion that I do not know what a vaccine vesicle looks like! And I have been looking at the thing very frequently for the past seventeen years when I legally qualified as vaccinator, and have myself done a great many vaccinations ever since, and still vaccinate! So convinced is this grave writer that I do not know the look of the thing, or how to do it, that he actually quotes the medical schoolboy's instructions from Dr. Seaton's "Handbook of Vaccination"! *O! sancta simplicitas*. As if I ever denied that vaccine matter is (when young) clear and sticky and all that! What I say is that *this* so-called lymph is *not really* lymph, but pus.

Let me go into particulars a little, and first is it—

LYMPH OR PUS?

In their review of my said treatise, entitled "Vaccinosis and Homœoprophylaxis," the *Monthly Homœopathic Review* for September makes indeed a remarkable exhibition of prejudice, and finding itself unable either to grasp the argument or deal with the facts adduced, runs amuck of the author of "Vaccinosis" in a *side issue* only indirectly relevant to the main subject.

The *side issue* we refer to is whether the vaccine matter should be called "lymph" or "pus"! Everybody knows that it is usually called "lymph," and it does not signify in the least what the vaccine matter is called, so far as concerns the subject of "Vaccinosis."

Our contemporary appears to think that everything hinges on what it is called! What our contemporary and Dr. Seaton and others call *lymph*, that I affirm is pus, and not lymph.

The *Monthly Homœopathic Review* quotes from "Vaccinosis" the following:—

"'Vaccinosis,' he writes, 'does not express merely the same thing as *vaccinia*, for the latter means the febrile reaction which occurs in an organism after vaccination, with special reference to the local phenomena at the point where the vaccinal pus or lymph is inserted. Sometimes, also, the term *vaccinia* is applied to a general varioloid eruption following vaccination; but here, *vaccinia* is commonly held to end.

"'Now all this is included by me in the term *vaccinosis*, but still *I do not mean merely this, but also that profound and often long lasting morbid constitutional state engendered by the vaccine virus, which virus we usually euphemistically term "lymph."* Lymph, of course, it is not, but pus—matter—and why a specific virulent pus should be persistently called lymph seems somewhat peculiar, and is eminently unscientific. As I am a lover of purity, and incidentally also of philological purity, I call this "lymph" pus, because it is pus and not "lymph."'"

Any intelligent person (he need not be an editor) can see that Dr. Burnett's objection to this use of the word lymph is primarily one of philological fitness, and secondarily one of pathology, and whether the vaccine matter be called "lymph" or "pus" does not in the least affect the question of vaccinosis, though it does bear on the wider question of homœoprophylaxis. This is proved by the fact that *not one* of the cases of vaccinosis cited by Dr. Burnett was vaccinated by himself. So much for the kind insinuation of our contemporary that they are due to our not knowing when to take the "lymph"!

The *Review* says:—

"There will, we apprehend, be a considerable difference of opinion whether vaccination does or does not engender a '*profound and often long lasting morbid constitutional state,*' but there will we imagine be none at all that in asserting as a matter of fact, as one which is beyond question, that the material which a properly instructed vaccinator inserts under the epidermis of a healthy infant is *pus*, and not *lymph*—Dr. Burnett is utterly in error. That he should have committed himself, and in such forcible terms, to so extraordinary a statement is indeed surprising.

"Discussing the selection of lymph to be used in vaccinating, Dr. Seaton, in his '*Handbook of Vaccination,*' says

'The lymph must be taken only from perfectly healthy subjects, and from thoroughly characteristic vesicles. . . . Prime lymph is always perfectly limpid, and has besides (and no less essentially) a certain degree of *viscosity*. . . . It must be taken, according to Jenner's "golden rule," before the appearance of the areola, or at all events within a very few hours of its commencement. No greater mistake can be made than that of taking it later, and when the areola is fully complete. . . . In the *first* place it does not take *with anything like the same certainty* as earlier and more active lymph, and, in the *second* place, it is more apt to be followed by erysipelatous and spurious results' (p. 108). In the course of further directions, Dr. Seton says, 'If by accident any blood be drawn, this must be allowed to coagulate, and then be carefully removed before taking the lymph; for it is a rule, never to be deviated from, that the vaccination must be with vaccine lymph, and with *lymph only*' (p. 109).

"What is a characteristic vesicle of vaccine lymph? It is plump, round, and pearl coloured; distended with clear lymph with a well marked elevation of its margin and depression of its centre (Seaton). Now the inflammatory areola appears, and two days later the lymph has become converted into pus, and in three or four more a hard brown scab has formed. During these two days the contents of the vesicle have become entirely changed. What was lymph has become pus. What Jenner proved would produce a condition of health insusceptible to variolous infection (a position substantiated by an enormous amount of evidence during the last hundred years) has become uncertain in its efficacy and liable to be followed by more or less unpleasant consequences.

"To be safe and efficient, vaccination, like every other interference with the body, whether surgically or medically, has its conditions. One of them is that the matter used be lymph and not pus."

If the writer of this would-be instructive tirade had reflected a little, he would hardly have committed himself, and in such forceless terms, to so extraordinary a statement. He says, "Dr. Burnett is utterly in error"! Not at all; it is Drs. Pope, Seaton, and others, who do not know the meaning of the word *lymph*!

There are some extraordinary statements in this quasi-review. "What was lymph has become pus"—*i.e.*, apples have been turned into potatoes! "What Jenner proved

would produce a condition of health (*sic!*) insusceptible to variolous infection."

Now, lymph (real lymph) is a *normal* constituent of the body that is perfectly harmless, and may be drunk by the ounce by any one. This transuded *serum sanguinis* cannot of itself communicate anything at all to any one! Jennerian vaccination produces "a condition of health"!

We commend the two final sentences of what we have just quoted from the *Monthly Homœopathic Review* as worthy of logical analysis, whereby we gauge the writer—*i.e.*, "To be safe and efficient, vaccination, like any other interference with the body, whether surgically or medically (*sic!*), has its conditions."

What sort of a thing is this creature of the quill editorial, this "surgically and medically" interference?

When I objected to the term "lymph" being applied to vaccine matter, I did so *after due consideration* (although only incidentally), and on sound philological, physiological, and pathological grounds.

The bald statement that I am "utterly in error," backed by quotations from a little handbook of directions about a simple little bit of handwork, will hardly be looked upon as the genuine coin current of the republic of letters. It is but the poor rusty token of the guild of prejudice.

I propose now to *prove* that vaccine matter is *not* lymph, but a specific pus.

Lympha means radically any *clear* fluid, such as fresh water, and there are very strong reasons for saying that the word is of Greek origin.

Varro, Festus, and other old grammarians maintain that *λυμφα* and *νυμφα* are the same word-forms—*mutata una litera*. One thing is sure, there is a fundamental notion of clearness and brightness in the Latin *lympha*, and therefore in our word "lymph." Equally we may safely maintain that our words *limpid* and *lamp* stand in close etymological relationship to it.

As every one knows, there are in the animal body certain lymphatic glands and vessels or ducts constituting together the lymphatic system. The fluid they carry is *lymph*, so called from its being clear, like *lympha* in the ordinary Latin acceptation. No objection can reasonably be raised to this

designation, and whenever we speak of lymph we mean this normal physiological constituent of the body. If we want to see a sample of lymph, books tell us to blister the skin; and a person unused to rowing, digging, wood-chopping, and the like, may soon get a similar vesicle by a sudden spell of such unwonted work. Lymph flows about normally in our bodies in its own vein-like valved vessels, and is no pathological product, but a normal constituent. This point is important. When obtained from irritation of the skin it is also no pathological product, but the fluid is *let*, just as a greater lesion will *let* blood. Blood and lymph exist, then, within us normally, and we may either *let* blood or lymph. Neither blood nor lymph are pathological products, being both animal fluids; and outside their systems they are dead bodies, and incapable of producing their likes. Both fresh blood and fresh lymph are harmless. If you apply blood or lymph to a healthy cutaneous lesion—as, for instance, a simple scratch—it produces no irritation, and is followed by no pathological process; on the contrary, it helps to heal *per primam intentionem*.

It has been calculated that the lymphatic system pours daily into the blood a quantity of fluid equal to that of the whole blood mass itself.

The serum of the blood transudes through the walls of the blood-vessels into the tissues, and then the lymphatics pick up what the tissues do not use, together with some refuse.

According to Webster, lymph is “a colourless fluid in animal bodies contained in certain vessels called *lymphatics*”—that is from the abstract lexicographer’s standpoint. And according to the same word-book authority, a lymphatic is “a vein-like valved vessel in vertebrate animals that contains a transparent fluid; an absorbent; called also lymph-duct.”

Pus.

The essential constituents of pus are cells and a fluid in which they float. The corpuscles of pus are leucocytes; but lymph corpuscles and white-blood corpuscles are also leucocytes—*i.e.*, they are generically leucocytes, and indistinguishable the one from the other. The leucocytes are defined as masses of contractile protoplasm. *Pus* is a pathological product, coming usually from inflammation; lymph and blood are normal constituents of the body.

Works on pathology do not treat of blood and lymph as such, but of their morbid changes; works on pathology do treat of pus.

Works on anatomy and physiology do not treat of pus, but they do treat of blood, lymph, chyle, etc.

Lymph and blood feed the tissues, pus liquefies and destroys them.

These preliminary considerations will help to clear the ground a little in regard to the meaning of the words *pus* and *lymph*. Now let us take as type of a vesicular skin disease

VARICELLA.

Those who claim that it is a distinct disease *sui generis* will not allow that it has anything in common with variola, and Thomas (Ziemssen's Cyclopædia, vol. ii. p. 9) says: "The contents of the varicella vesicles must, in contrast with those of variola pustules, be regarded as, practically, not inoculable." And again (p. 13), "The duration of the vesicles is brief. Half a day after their maximum, therefore—possibly only one day after the formation of their roseola—they are frequently found, from partial absorption of their contents, flaccid or burst and drying up, etc." We may, we think, fairly take varicella as the type of acute infectious vesicular skin disease.

Scientific writers on varicella describe the contents of the vesicle as a "clear serous fluid." It is *not* called lymph nevertheless!

We will now consider—

THE POCK.

What is a pock? It is a *pustule*, and Webster describes a pustule as "an elevation of the cuticle, with an inflamed base, containing *pus*."

According to the same authority, a vesicle is, in medicine, "a small orbicular elevation of the cuticle containing lymph, and succeeded by a scurf or laminated scab." And a *pock* is "a pustule raised on the surface of the body in the variolous and vaccine diseases."

We pass on to a consideration of cow-pox (*pox* is the plural of *pock*).

VACCINIA.

This is an adjectival formation, and should be *vaccina*, the feminine form of *vaccinus*, from *vacca*, a cow.

Let us take an orthodox allopathic vaccinator as our authority:—

“If we watch the processes which take place locally after vaccination, we shall perceive in their course and development an unmistakable resemblance to the pock of true human variola.”

... “The first apparent symptom is a redness and slight swelling of the skin, which preserves the form of the original wound. By the next day the summit of the papule, which has meantime considerably increased in size, shows a little vesicle, filled with a little clear liquid, which now gradually grows larger and larger. As the circumference of the efflorescence increases, an umbilication appears, like that on the genuine variola *pustule*,” etc.

“The *pustule* attains its greatest extent about the seventh or eighth day, and at this period contains a *clear liquid*, which, just as in the variolous *pock*,” etc.

“While the *pustule* is at its highest development the surrounding skin is more or less swollen and red. The inflammatory areolæ of the separate *pustules* often run together,” etc.

We quote these paragraphs from Curschmann, “Cyclopædia of the Practice of Medicine” (edited by Von Ziemssen), vol. ii., article “Vaccination.”

It is quite true that the same author often speaks of vaccine “lymph,” but he uses the term evidently only in its loose, unscientific acceptance, for wherever he really describes the thing, he uses the expression “clear liquid,” and the containing membrane is regarded as a genuine *pustule* or *pock*. The use of the word lymph in the term “vaccine lymph” is only worthy of the ignorant and illiterate, unless in a loose, popular way. The word lymph has a defined place in anatomy and physiology, and applying it to a pathological product like vaccine matter is against all sound principles. If we do not jealously guard our scientific terms the ignorant will in time loosen that which is the most fixed in the arts and sciences. A really scientific man would never (after due reflection) use the accepted names of physiological constituents for pathological products. Precision in the use of terms is essential to fixity, and fixity is essential

to stability and progress. A wrong name conveys wrong impressions, and calling the fluid contained in the vaccinal vesicle or pustule lymph (the word being already appropriated in science and universally accepted) is unsound and to be condemned. In "Vaccinosis and Homœoprophylaxis" I ventured, merely incidentally, to protest against it. And the result reminds me of what Goethe used to say: "When men ride, dogs bark."

TABULAR JUXTAPOSITION OF THE CHARACTERS OF LYMPH,
VACCINE MATTER, AND PUS.

In order to show at a glance that vaccine matter is pus and not lymph I proceed to juxtapose their characters in the form of a table:—

LYMPH	VACCINE MATTER	PUS
1. Is a normal fluid of the body.	Not a normal fluid of the body.	Not a normal fluid of the body.
2. Is contained within its own circulatory system.	Therefore has no circulatory system.	Therefore has no circulatory system.
3. Is a vital fluid.	Is a dead fluid.	Is a dead fluid.
4. Is non-poisonous.	Is poisonous.	Is poisonous.
5. Introduced into the organism it produces no disease.	Introduced into the organism it produces disease.	Introduced into the organism it produces disease.
6. It may even be taken as food, being essentially a nutrient.	It may not be taken as food, being essentially poisonous.	It may not be taken as food, being essentially poisonous.
7. Is not the product of inflammation.	Is the product of inflammation.	Is the product of inflammation.
8. Contains no pus-cells.	Contains pus-cells.	Contains pus-cells.
9. Is the product of progressive metamorphosis.	Is the product of retrogressive metamorphosis.	Is the product of retrogressive metamorphosis.
10. Has a centripetal tendency— <i>i.e.</i> , it seeks the centre.	Has a centrifugal tendency— <i>i.e.</i> , it seeks the periphery.	Has a centrifugal tendency— <i>i.e.</i> , it seeks the periphery.

I think these characters will all stand, and they conclusively prove that vaccine matter is not lymph at all, and can only be improperly so-called; while they prove

that vaccine matter may very fitly be called pus. Of course, the vaccine pus is a specific pus, its specificity being conditioned by the vaccine virus of which it is the carrier. In the earlier stage the pus is thin and watery, and the liquor contains but few pus-cells; hence it is clear and lymph-like in appearance. It is this clear, lymph-like look of the vaccine vesicles that accounts for the current term vaccine "*lymph*" against which I have protested and do hereby further protest.

"*Wo Begriffe fehlen, da stellt sich zur rechten Zeit ein Wort sich ein,*" says Goethe. Those who make use of the designation "*vaccine lymph*" are resting their faith on the actual word; a true conception of the thing they have not. The importance of strictly defined and fixed terms can hardly be exaggerated in scientific research, and with loose terms logic is literally killed.

The best writers now shun the term "*plastic lymph*," and prefer *plasma*. They feel that "*plastic lymph*" involved the theory that the plastic lymph is lymph, which is not so easily proved; and moreover it implies that all lymph is not plastic. Names of things involving theories are objectionable, and likely one day to be discarded.

The term *vaccine lymph* involves two theories. First, that it is vaccine, or from the cow, which is not proved, but I will concede it as very probable. That it is not lymph I can claim to have proved.

Most people, being not blinded with prejudice, will concede that vaccine matter is not lymph really, but only so called from an apparent resemblance thereto in that, when young, it is clear and more or less pellucid. On abstract etymological grounds there could be no valid objection to calling it lymph—that I have never denied; but there is, nevertheless, a philological objection to the term—viz., the term "*lymph*" was already appropriated, and there is physiologically such a thing as *cow-lymph* or *vaccine-lymph*—i.e., the lymph in the lymphatics of the cow, which is the only logical reading. This is more manifest if we translate it into Latin, thus, *lymph vaccina*. Here we see the difficulties and uncertainties that are created by the misuse of words.

Any clear bright fluid may be lymph-like in an etymological sense, and a little clear urine under a containing transparent pellicle would be lymph-like in the same sense

as vaccine matter, but that would not make it lymph. Neither can the pellucid look of a vaccine vesicle make it justifiable to call the contents lymph.

But vaccine matter may not be lymph, and yet not pus either. I have shown that the characters of vaccine matter and pus are almost identical, but there are many kinds of pus. We read of *laudable* pus, which is whitish, thick, and creamy; of *serous* pus; of *bloody* pus; *infective* pus; *rotten* pus; *tuberculous* pus; *mucous* pus.

Pus is essentially the product of inflammation. When we vaccinate an individual we produce a cutaneous lesion, so as to get the vaccine poison into the blood. Whether we call the vaccine matter lymph or pus does not alter the essence of the thing, for whether it be lymph, or pus, or what not, it is only as the carrier of the vaccinal virus that it concerns us. In the healthy, the original inflammation, if any, produced by the vaccinator's instrument has often completely disappeared before there is any sign of the "taking." The first thing that tells us that the operation of vaccination has succeeded is *inflammation* with its redness and swelling; then we find a papule, and very soon a vesicle filled with a clear fluid containing *pus-cells* in a small quantity. The longer it lasts, of course, the dryer the vesicle becomes, and the number of *pus-cells* increases. The contents of the vaccinal vesicle are purulent from the beginning; it is young serous pus, but pus it is for all that. If, in experimental science, we are in doubt about the true nature of a thing, *we cultivate it* and see what it produces. We know

"Like genders like, potatoes 'tatoes breed,
Uncostly cabbage springs from cabbage seed."

And if a cabbage plant springs up we know full well that a cabbage seed was previously there.

Now, what happens if we vaccinate with a minute portion of the clearest part of the contents of a vaccinal vesicle? If we let the whole process develop we find it end in the production of *pus*. If we wait a few days longer and take the older and thicker contents of the vesicle and inoculate with it, what happens? It ends in the formation of *pus*.

Can lymph ever end in producing specific pustulation generation after generation in such a way? The *lymph* turns to *pus*, says the *Monthly Homeopathic Review!*

But if we wait till this teratologic phenomenon has ended

we shall witness a still greater *portentum*, for if we proceed to vaccinate with what is *now admittedly pus*, we shall again get—what? lymph!! Lymph *becomes* pus and this same pus again begets lymph!!

CONCLUSIONS.

1. Vaccinia is an acute pustular skin disease of a specific nature.
 2. Man inoculated therewith—*i.e.*, vaccinated—gets the same pustular disease.
 3. Vaccinia and variola are both similar pustular diseases.
 4. Man inoculated with vaccinia is protected from variola on the homœoprophylactic principle *similia similibus præveniuntur*.
 5. The contents of the vaccinal vesicle are a specific pus—vaccinal pus or vaccine pus.
 6. Vaccine pus is, for a time, clear and lymph-like in appearance, but its specific nature is the same as when it becomes thicker and opaque; the difference lies merely in the proportions of leucocytes (pus cells) to the quantity of serum.
 7. The term vaccine “lymph” is unscientific and inadmissible, and must therefore be condemned by all lovers of experimental philosophy and linguistic science.
- 5, Holles Street, Cavendish Square, W.
October 11th, 1884.

BISMARCK AND HOMŒOPATHY.

An American contemporary says that Bismarck has thrown over another lifelong friend, Dr. Struck, formerly his physician, who incurred his enmity by refusing to meet in consultation the homœopathist, Dr. Schwenniger, whom it was one of the Iron Chancellor's whims to employ. A place was refused him on the International Health Commission, and he has consequently retired from the Imperial Board of Health, of which he was President. Meantime the lucky Schwenniger is rising higher and higher. His latest appointment is to a professorship at Berlin University, much to the disgust of the orthodox teachers of medicine.

CASE OF ULCERATIVE ENDOCARDITIS FOLLOWING PNEUMONIA WITH DELIRIUM TREMENS. DEATH—POST-MORTEM.¹

By JOHN H. CLARKE, M.D., Physician to the London Homeopathic Hospital, and Lecturer on Materia Medica to the Hospital Medical School.

A CASE of the happily rare disease of Ulcerative Endocarditis occurred in the London Homeopathic Hospital in the summer of this year. The symptoms were such as to enable us to make a diagnosis during life, and watch the progress of the heart affection, though not to check it. The subject was not a promising one. He was a heavy drinker of spirits. In August, 1883, he had been in the hospital under my care for an attack of acute rheumatism, leaving, cured, on September 17th. At that time he had as a remains of his rheumatism pain and stiffness in his right shoulder, which persisted for a long time. Whilst in the house it was noticed that the cardiac dulness extended rather higher up than normal, that the sounds generally were indistinct, the pulmonary second being, however, much accentuated. There was no bruit. On leaving the hospital he led the same reckless life as before. He had been ill for some days previous to his readmission, but refused to allow himself to be brought until he became so ill that he could not help himself, and his friends then brought him.

J. L., thirty, farrier; short, thickset, pale when well; admitted to Hahnemann Ward May 25, 1884. For some days previous to admission had been ill at home. This came on after a heavy drinking bout. On admission he was found to have all the symptoms of pneumonia of the right side, with some bronchial catarrh on the left. Sputa rusty and greenish. T. 100·8°, P. 130, R. 50, B. 2. He was very delirious and difficult to manage. The delirium was apparently of the alcoholic kind, and not due solely to the inflammation. E.T. 101·6°. *Ant.-Tart.* 3x, gtt. i., and *Phos.* 3, gtt. i., 1 h. alt. He did not sleep at all that night; very restless, wanting to get out of bed. Had eight stools, light greenish colour. In the morning (May 26) he coughed a good deal; sputa more green and less rusty. There was tubular breathing on the right side, and great increase of vocal resonance. Some rheumatism in right shoulder. R. 54, P. 128, M.T. 101·8°, E.T. 102·6°; *Bell.* φ, gtt. i. 1 h.

¹ From notes by Dr. Barker, House Surgeon.

He slept better (two and a quarter hours) that night, and though he refused food up till 12 he took it better afterwards. Quieter, but still wandering a good deal. Miliaria on back and chest. B. 8, P. 120, R. 50 at 5 p.m., M.T. 102·8°, E.T. 102·8°.

He slept about an hour off and on; no continuous sleep. Breathes very rapidly, over sixty in the minute; coughed about the same. B. moved three times. In the morning (May 28) the pulse was fairly good; he took food well. M.T. 102·6° at 5 p.m., P. 102, Resp. 44, E.T. 102°. *Bry.* 1x, gtt. i., *Acon.* 1x, gtt. i., 2 h. alt.

The following night he slept very little, talked much, and perspired much. The breathing was rapid, out of all proportion to pulse rate and temperature (R. 50, P. 100). Profuse perspiration with odour of rheumatic fever. Lungs still very dull; numerous crepitations; increased vocal resonance. M.T. (29th) 101·2°, E.T. 100·8°.

The next night he perspired very much; rambling and talking all night; perspiration sour; complained of great pain in left shoulder; coughs less; dark brown sputa. B. 4, light and loose, P. full and soft, M.T. (30th) 100·6°, E.T. 101·8°.

May 31.—In a bath of perspiration; three hours' sleep. B. 2, greenish. M.T. 102·4°, E.T. 103·2°.

He continued much in the same condition for the next few days. On the 2nd the pulse was 116, the resp. 40. On the 3rd "no special heart symptoms" was noted. On the fourth, the M.T. was 103·6°, P. 132, R. 40. *Ac.-Nit.* 1, gtt. i., *Rhus.* T. 1, gtt. i., 1 h. alt. Whisky was given.

The following temperatures were registered:—

	5.3	p.m.	..	..	105·2°
	6.30	"	..	..	104·6
	7.30	"	..	..	104·6
June 5	1.0	a.m.	..	..	102·6
	3.0	"	..	..	104·8
	7.0	"	..	..	102·2
	8.0	"	..	..	101·6
	11.0	"	..	..	101·6
	2.0	p.m.	..	..	104·2
	3.0	"	..	..	104·2
	4.30	"	..	..	102·8
	5.30	"	..	..	102·4

At 2 p.m., when temp. was 104·2°, the skin was hot and

dry. At 3, the temp. being the same, he began to perspire. At 4.30 he was perspiring freely, and then the temperature was 102·8°. There was little cough.

	7.0 p.m.	..	..	101·6°
	8.0 "	..	..	103·4
	9.0 "	..	..	103·2
June 6.	12.0 midnight	..	..	102·6
	2.0 a.m.	..	..	101·6
	6.0 "	..	..	100·2
	8.30 "	..	..	99·4

Perspired less during the night; slept four hours; talked very little; coughing less; sputa scanty, muco-purulent. B. 3, loose; T. clean and moist; dulness over right lung much less marked. Breathing bronchial, marked by large crepitations; vocal resonance increased; heart, no bruit audible; sudamina disappeared to-day.

	1 p.m.	..	..	101·6°
	5 "	..	..	101·6
	7 "	..	..	104·6

Quinine, ten grains, was now given by the house surgeon.

	7.45 p.m.	..	..	103·2°
	9 "	..	..	103·2
	11.30 "	..	..	103·6
June 7,	12.30 a.m.	..	..	101·4
	2 "	..	..	101·4
	5 "	..	..	102·2
	7 "	..	..	102·2
	8 "	..	..	103·2
	10.30 "	..	..	100·2

Complaints of bad headache across forehead since six last evening. Slept well; perspired much. Taking food well, but inclined to retch after egg. No pain in his arms.

	1 p.m.	..	..	103°
	3.30 "	..	..	104·4
	4.30 "	..	..	103·6

Conjunctivæ not quite so jaundiced. Retching. Sweating less. Breathing quieter and deeper. P. 160.

	7.35 p.m.	..	..	101·6°
	10.30 "	..	..	103·6

June 8, 4	a.m.	..	..	102°8'
7	"	..	..	101·2
8	"	..	..	102·2

Slept well ; headache better ; no pain. P. rapid and soft.

11.30 a.m.	..	..	102·6°
2.30 "	..	..	104·2
3.30 "	..	..	104·2
4.30 "	..	..	104·2
5.30 "	..	..	104·2
6.30 "	..	..	102·2

I saw him at this hour and found T. glazed but clean. R. 30, P. 128, soft. At 11, 1, 3 and 5 o'clock had a dose of five grains of *Quinine*.

On examining the heart I now found for the first time physical signs of organic mischief. Examination of the heart showed the following :—

Vertical dullness beginning at upper border of third rib. Transverse dullness at the level of fourth costal cartilage, from half an inch to right of sternum five inches across. Apex beat feebly felt in fifth space. *Mitral area*, slightly thumping first sound, followed by soft systolic bruit. *Tricuspid area*, both sounds heard faintly. *Pulmonary area*, only the second sound heard, no bruit. *Aortic area*, only the second sound heard. Endocarditis was diagnosed, and mitral constriction. The nature of the endocarditis was thought to be probably ulcerative from the character of the fever.

7.30 p.m.	..	..	101·6°
June 9, 12.30 a.m.	..	..	102·8
4	"	..	100·6
7	"	..	102·2
8	"	..	103·4
11.30 "	..	..	104·6

P. 132. He slept well ; perspired less ; cough rather troublesome. B. 7 times, loose and light. T. dry and clean. Pain in head much complained of ; no pain elsewhere. Taking food well ; no sickness. *Conjunctivæ* not jaundiced. P. full, hard, bounding.

1.30 p.m.	..	..	103·6°
3	"	..	102·4
5	"	..	105·2

	6.3 p.m.	..	..	105.4°
	7.3	..	..	105.2
	8	..	..	104.8
	10	..	..	104.8
June 10,	2 a.m.	..	..	103.6
	4	..	..	102.4
	7	..	..	101.2
	8	..	..	102.4

Had a mustard poultice applied to the præcordia at night. Slept very well; nearly all the time. Complains of pains in the head and at the back of the neck. B. 9. Takes food very well. The right arm has not much power; is swollen at shoulder; very little pain. Tongue looks moister; stutters in his speech a good deal. Pulse quieter and not so hard. Less perspiration.

	11.30 p.m.	..	..	103.6°
	1	..	..	102.4
	2	..	..	103.4
	4.30	..	..	102
At 5 p.m.	the pulse was 158.			T. rather aphthous.
	6.20 p.m.	..	..	103.4°
	7.35	..	..	103.6
	9.20	..	..	103
Jan. 11,	3.40	..	..	104.8 after a rigor.
	6.30	..	..	103.2
	8	..	..	104

Did not sleep after 3.40. B. 6, light, passed in bed. Urine 10 ounces. Perspired very much. Has not known anybody all night. Mucous rattle in throat, unable to expectorate. Muttering at times. Pupils small. Skin soaked with perspiration. P. very feeble. He died the same morning.

Post-mortem made the following day. Rather under medium size, well nourished, but yet unhealthy-looking. *Chest*: Lungs mostly healthy, with a little congestion at the right base. Pleura slightly adherent with recent lymph over a large surface of both lungs. No effusion. *Heart*: $\frac{3}{4}$ ss of fluid in pericardium. Heart large, weighing 13 oz., substance pale. Large, firm, decolorised clot in right ventricle. Long decoloured clot in aorta, affixed to granulations growing from the under surface of aortic valves, which are competent. These granulations, like cauliflower excrescences, exuded purulent matter. They blocked up the aortic canal and

caused pressure on the aortic segment of the mitral valve, thus constricting its orifice artificially—the valve itself admitted four fingers. Valve slightly affected with old deposits between its laminae. Other valves healthy. *Abdomen*: Liver large, 80 oz.; fatty throughout. Kidneys large and fatty. Spleen rather large; no infarcts. Stomach unhealthy looking, thickened, congested. Intestines yellow, no ulceration; veins well marked. *Brain*: Lymph effused under pia mater of whole upper part of brain. Ventricles contained a little fluid. Choroid plexus distended.

Remarks.—This is a case in which the drinking habits of the patient made recovery very doubtful from the commencement of his illness; and I have no doubt they were the chief factor in determining the fatal result. Though he recovered from the delirium tremens, and almost completely from the pneumonia, the rheumatic tendencies were aroused and the heart was attacked. The autopsy revealed that the mitral valve had not entirely escaped injury during his first attack in the previous autumn, though there were then no definite physical signs of mischief. A bruit was never heard, though repeatedly listened for. In the last illness the symptoms of grave heart trouble were manifest long before the physical signs were discoverable. None of the medicines given seemed to have any effect in arresting the disorder, and with liver and kidneys so much diseased that is little to be wondered at. The *Quinine* which was prescribed by the house-surgeon when the temperature threatened to rise very high did not seem to have very marked effect. The character of the fever latterly was more of the septicæmic kind than the rheumatic, though at first that element was the chief.

15, St. George's Terrace, Gloucester Road, S. W.

FOR SPRAINS.—Prof. Brinton teaches that the limb is to be put into a vessel of very hot water immediately, boiling water being added as it can be borne, and kept immersed for twenty minutes or until the pain ceases. Then put on a pretty tight bandage and order rest. Sometimes the joint can be used in twelve hours. If the trouble is more chronic, apply a silicate of sodium dressing, and let the patient walk with a cane if the ankle be the joint affected.—*College and Clinical Record.*

NOTES BY THE WAY.

By DR. USSHER.

NOTHING can be clearer from Dr. Drysdale's case of wart cure by *Lyc.* 6x reported in the *British Journal of Homœopathy*, than that the renewed and repeated impression of medicine is necessary for some cures. I may be impertinent to doubt it, but I think it unlikely that one blow of a high-potency remedy, however high, would lead to the same result, and the cases selected here illustrate the deduction of Dr. Drysdale that repeated doses will succeed when the single dose does not. Mr. —, a very cachectic-looking individual, has been under my care some months. He was ghastly pale, had a worn-out look, and one of the queerest faces you might look on. His hair looks as if it went up in a hurricane and never assumed its level. An inquiry into his regularity of life was anything but satisfactory. He had acquired syphilis to begin with; his present object in coming here was for a very painful ulcer of the leg, a lazy and irritable ulcer, bleeding on little provocation, and of a dark purple colour, with a darker edge. He was in thorough disrepair. The pain of the ulcer was very much worse at night, the ichor smelling badly. He had tried to heal it but no amendment was made. *Bell.* 1x, and sometimes a dip lower to the mother (ϕ) or powder. This was attended sometimes with an advance, sometimes a standing still, at other times a spread of the sore; but this remedy, and this alone, was given for seven or eight months without a week's intermission. Twelve years back syphilis attacked him, and I have no doubt that he had plenty of mercury given for it. The sore on the leg is now healed and firm. No diseases are more drug-resisting than compounds of syphilis and mercury, and remember in these cases "hypocrisy is the homage which vice renders to virtue."

But there is yet another case bearing on this point. A groom who had syphilis "a while" back shows a chest covered with freckles, I suppose a *Lentigo Syphilitica*. The whole chest was deeply marked, and on the genitalia were lots of warts. At first it seemed just as likely to get the whitewash off the wall as to cure this; but it is being done after about a year and a half's use of *Thuja* ϕ , 1x, and 30. First the warts vanished, then the eruption began to change colour, which gave me hope to persevere, and the result will be cure. This staining I have never before seen, it is almost

a neutral tint of sepia colour in a very pale skin, but you do see something very like it in pregnant women. One I bear in mind (where there was no possibility of syphilis); it came all over the chest, lasted long after the birth of the child, and was finally cured by *Sep. 12*. And the mention of *Sepia* here brings me to another class of cases which yield after a long course of the drug, and with *Sep. 6*, and preferably *12*, I am amply satisfied. These cases of acne, sometimes combined with copper nose, are most disfiguring to women. They are, as far as I can ascertain, always connected with menstrual irregularity. One young woman I made such a good hit with that she found favour in the eyes of a Salvation Army postman. I may be a great heretic in the eyes of a Hahnemannian, but I would rather cure my patient with twenty-four doses of the same remedy than do so with twenty-four remedies. I suppose the twenty-first had a guinea keynote; perhaps the medicine No. 21 was aurum, which would have been eminently suggestive!! Now I come to my last case of the successful prolonged use of the remedy. A West Indian planter, aged about thirty-eight, but might be passing fairly for over sixty, decrepit, worn-out, wizened-looking, and, like Lazarus, poor as well as full of sores; his legs were a spectacle, ulcers old, discharging horrid, fetid, and copious sanies. He was dressing his ulcers with some zinc ointment, and *young Tom*, as they called him, was a pitiable spectacle; growth seemed stunted, legs cold, bluish; he had been ill-housed and fed. *Calendula* weak to the ulcers, and *Silicea* 6x twice daily. I saw him for a month and then supplied him with ammunition, as the old colonel styled it, for he was going to abide temporarily at Malta. The medicine he has taken for months with the exception of *China* for an old intermittent. The result is *he has become young Tom* in reality, and all the sores healed. My leading in this case was somebody teaching *Silicea* for *senile ulcers*, and the marked look of senility on the patient happily remindd me of it. He took it for some months. Now if these cases, any of them, could have been cured with one dose I have wasted a lot of good stuff.

Weariness

even to spinal exhaustion compelled my patient to the recumbent position. She had been relieved of much of her pain, but there remained intolerable weariness, dislike of

food, sinking at pit of stomach, and inclination to lie quiet and do nothing; the tongue was white-coated and flabby. *Hydrastis Can.* 3x soon amended things; still there was restless sleep and pain in the head, an unsettled state of brain. I then added for night use *Anac.* 12 with the happiest result, and expected pleasure from a projected holiday, but the amendment has not been maintained.

Headache

of a peculiar kind, the patient could not describe it. It took away her reason, made her giddy and sick, and kept to the vertex. There was no use in attempting to cure it; she was old, her case hopeless, and her faith in doctors little. However, she had one annoying accompaniment, and this was a common bugbear, constipation. A remark of Dr. Bayes, I think it is, suggests *Phytolacca* for this state in the aged, and I gave it in the 1st dec., afterwards ϕ . The constipation has been helped and the headache too. When she had these headaches she was the nastiest fish you ever tackled, and not over-pleasant at any time. She never wanted doctors, and I think the daughter sent for me more to share the browbeating than to afford medical help. No wonder she was constipated; the poor soul, with failing sight, never went out of doors. Her depression always suggested *Ignatia* to me, and it did her good; but the *Phytolacca* had a marked superiority in its relief of her pain, in fact she was compelled to screw out her thanks much against her will. True was Shakespeare when he said, "Crabbed age and youth cannot dwell together." To sum up the headache of *Phytolacca*: depressed spirits, worse in wet weather (and she was always rheumatic); pain deep in head, temples, and vertex; sickness with headache; foul tongue, disinclination for food; vertigo; disgust of life and for everything and everybody. Restless and very irritable, nearly always lying down and head wrapped up. She had taken *Usnea Barb.*, and with only a little ease. *Ignatia* and *Cham.* rendered her more endurable, but a supply of *Phytolacca* will, I trust, keep her out of the doctor's reach.

Lorne Villa, Geraldine Road, East Hill,
Wandsworth, Sept., 1884.

FASHION AND NATURE.

AN Englishwoman, travelling awhile since in Japan, communicated to a London newspaper, in amusing terms, an incident in which the difference between her mode of dressing came into contrast with the simple habit of the Japanese women. She wrote from one of the towns:—"In another place—the country house of a ruined Daimio—where we obtained lodging and entertainment, I was a cause of much amusement. A number of ladies were invited to meet me at afternoon *nice* (the name for dinner). They sat on their heels around the little table which I used as a chair. My feet were stretched out before me. The hostess, with, as I took it, many apologies, began to inspect my boots. As her curiosity was keen, I drew them off. All the ladies pounced upon them, and some of them asked leave to put them on. Before doing this they caused bowls of hot water to be fetched, washed their feet carefully, and dried them by fanning them, which made the wet evaporate quickly. As they all had children's feet, my boots were awkwardly big and more ridiculous than I can say. The ladies next handled my skirt and corsage, and to oblige them I took them off. The petticoats had their turn, then my stockings, which they did not laugh at; after them my buckled elastic garters, and last my stays. Japanese politeness here broke down. Every one shook and cried with laughter in looking at my stays. One of the ladies had picked up some French at Osaka (a treaty port), and explained to me that the others wished to know whether the stays had been invented to serve as a cuirass to protect fair Europeans from rude men, or was it worn as a penitential garment to expiate sins? I said, 'No, but to beautify the figure.' This answer convulsed them. A stayed-up woman affected their impressional and well-educated eyes as something monstrously ugly and absurd. Japanese dress is beautiful and so easy. There was yet another question to be answered. There are, so far as I know, neither cows nor goats in Japan. Children are not, therefore, weaned until they are big enough to go to school. I had noticed that poor little Miss Mite was an object of general commiseration. I did not know why. The reason came out when my stays were being examined. There was a barrier between the mother and the child, which was cut off by them from its lacteal rights. I told them that we delegated the nursing

duties to poor women and cows. I am afraid that I was imperfectly translated, for I saw that for a moment I was an object of horror." Poor, untutored Japanese!

CONCLUSIONS OF THE COMMISSION ON CHOLERA.

A MEMBER of the commission appointed for the purpose of investigating the mode of action of the cholera and its method of propagation favours me with a summary of its conclusions. The commission consisted of seven members, but only five acted—viz., MM. Sicard, Taxier, Loucel, Livon, and Chareyre. Its conclusions are these:—

1. The cholera is transmissible to the rabbit as demonstrated by injection into the veins of the blood of a cholera patient at the algid period. The rabbit died in twenty-four hours with lesions entirely like those of cholera.
2. By cultivation this blood after a few hours loses its infectious properties.
3. Injections of choleraic blood in the period of reaction or a very advanced algid period produce no effect.
4. The perspiration of a cholera patient injected into the veins does not transmit cholera.
5. The stomachic or intestinal dejections, or the gastro-intestinal contents (this last full of virgule microbes), may after filtration be injected with impunity into the cellular tissue of the peritoneum, the windpipe, the intestines, the rectum, and even into the blood.
6. Virgule microbes taken from the intestines of a cholera patient may be introduced in the intestines of a rabbit and multiply there for more than eleven days without producing any choleraic symptoms, and without autopsy revealing the anatomo-pathological lesions characteristic of cholera.
7. There is thus every proof of the non-specificity of the virgule microbe. We experimented on microbes taken from the intestine and with dejections kept from two to twelve days, the results being always negative. Everything also proves that this microbe does not produce in the intestine toxical ptomaines which would be the cause of poisoning—viz., the lesion of the blood. The inference from more than fifty of these experiments is the non-contagiousness of cholera, which I maintained from the very opening of the discussions.
8. The minute examination made by us of the heart and large venous vessels of cholera patients

enables us to affirm that there is no phlebo-carditis in cholera as alleged by Morgagni and still maintained by many enlightened doctors. 9. Bulbarient medullary lesions, or those of the solar plexus, appear to us to be all secondary lesions. 10. In our opinion the initial lesion of cholera takes place in the blood. 11. It essentially consists in the softening of the hemiglobine, which makes some globules lose first their clear shape, the fixity of their form, and the faculty of being indented. Those globules adhere together, lengthen out—*en olive*—stick together, and in fulminating cases especially, some are seen which are quite abnormal, while others appear quite healthy. 12. The entire loss of elasticity of the globule (which is shown by the preservation of the elliptic form when it has been stretched out) is, in our view, a certain sign of the patient's death. To stretch out a globule you have merely to alter the inclination of a plate on which a sanguineous current has been established in the field of the microscope. The fluid column stops at one point, whereas the rest continues to flow. An elongation of the intermediary globules results, and then a rupture of the column. In the gap thus formed are some scattered globules. If these revert to their primitive form the patient may recover. If they keep the elliptic form, we have seen death follow in every case, even if the patient's symptoms were not serious at the time of the examination of the blood. At the outset, and in the fulminating cases, which give the clearest results, globules remaining healthy are seen alongside the unhealthy ones, and assume the shape well known in heaps of money, or maintain their liberty. When currents are created in the field of observation, the columns of healthy or less unhealthy globules remain stationary, or nearly so, whereas the unhealthy globules flow between the columns or the stationary globular masses like fluid lava. This we believe to be the characteristic lesion of cholera. By hourly examination of the blood of cholera patients the progress of the malady can be mathematically followed. First some globules are unhealthy, then one-third, then half, then two-thirds, and lastly death supervenes. A very important fact in our view is that all the globules are not simultaneously affected. We debar ourselves from substituting a fresh hypothesis for all those we have overthrown. We confine ourselves to saying that we know better than our predecessors what the cholera is not, but we do not know what it is."—*Times Own Correspondent, Marseilles.*

VIRCHOW ON THE CHOLERA BACILLUS.

AT the time of the return to Berlin and public reception of the Cholera Commission, Prof. Virchow made a speech in which he uttered some timely words of warning. He said:

"It appears to me that the Government is not entirely free from the opinion that with the discovery of the bacillus everything is accomplished which may be necessary to control the disease. In this connection I may speak a warning word. It is more than thirty years since we discovered the little organism which causes small-pox, but this has not in the least changed the practical measures previously adopted for its prevention. The tubercle bacillus is a very important thing, but with the exception of a new view of the disease which is given, we are no further advanced in our practical relations to it."

He then goes on to say that the cholera had been for some time practically treated as though it were caused by a special organism. He also referred to the laxity of the English in the matter of quarantine.—*Med. Record.*

CAUTION TO LADIES.

A CASE is reported by Schoenborn, where gastrotomy was performed on a girl, aged fifteen, a hypnotic subject, who had suffered for two years from severe pains in the epigastrium. Towards the right of the abdomen was a movable tumour, which was mistaken for a floating kidney, and of which the removal was attempted. At the operation the tumour was found to be within the stomach, which was displaced downwards. The weight of the mass removed from the stomach was nine ounces. It consisted of small pieces of hair matted together, the hair being fair in the middle of the mass, and black superficially. The patient recovered perfectly in three weeks, being relieved of all her gastric symptoms, and stated that about four years previously she had taken to the habit of chewing the end of the long plait of her hair, keeping up the habit for a twelvemonth. The girl's hair was of a light-brown colour, and that at the surface of the mass had evidently been stained black by the iron given intended for chlorosis. Schoenborn has collected seven cases from the literature of the subject, all of which ended fatally, either from uncontrollable vomiting or perforative peritonitis.—*Brit. Med. Jour.*

PHYTOLACCA DECANDRA IN SYPHILITIC SORE
THROAT.

By A. E. SMALL, M.D.

CASE 1.—E. R. L. had contracted syphilis, and was treated for chancre and bubo with mercurial preparations for several weeks, and after a profuse salivation, the disease localised itself in the throat, and for more than four months he suffered intensely from ulceration of the uvula and tonsils, which baffled the skill of his medical attendant. Having taken sufficient mercury to produce a disagreeable ptyalism and an offensive odour from the mouth, a preparation of *Nitric Acid* was prescribed, with no perceptible benefit. The patient was dissatisfied with the progress he had made, and resolved on a change of physicians and the mode of treatment. After placing himself under homœopathic treatment, *Hepar Sulp. Calc.* in the 3rd trituration was prescribed in connection with a gargle of dilute alcohol. From this he derived temporary relief, but he soon found a return of the distressing soreness of the entire fauces, which presented an inflamed and angry appearance. *Phytolacca* 3rd dilution was prescribed in water, to be taken in teaspoonful doses, at intervals of two hours. At the same time a gargle composed of twenty drops of the same remedy in half a glass of water was directed. From this prescription he soon began to derive some benefit. The exceedingly sensitive condition of the inflamed surface passed away, and deglutition became less painful, and the ulceration of the uvula and tonsils was manifestly better. This treatment was persistently continued for two weeks, when the entire throat seemed greatly improved, and the syphilitic eruption which had been on his face, arms, and body was rapidly disappearing. The 6th dilution of *Phytolacca* both for internal administration and the gargle was substituted and continued from day to day for a month; by this time the eruption had entirely disappeared. The inflamed condition of the posterior nares as well as that of the pharynx, tonsils, and velum palati had entirely disappeared. The tongue had parted with its disagreeable coating, no disagreeable odour from the breath, and with the exception of debility which resulted from so long a siege of suffering and the difficulty in being supported by a good nourishing diet, the patient was evidently cured, and since, he has increased in flesh and strength, and is now engaged in his usual mercantile pursuits, and feeling quite well.

Case 2.—A woman aged twenty-five years became the victim of syphilis which from mal-treatment and mercurialisation resulted in severe glossitis and deep ulceration of the tongue and gums, dislodging the teeth from their sockets; the tonsils, uvula, and velum were in a state of ulceration and sloughing; the inflammation and disorganisation extended to the roof of the mouth, from which exhaled the most sickening odour. Nearly the same treatment with preparations of *Phytolacca* was pursued as in the preceding case and with a like final result.

We have had satisfactory results from the use of this remedy in other syphilitic cases, and have no hesitation in recommending the same as exceedingly effective and valuable.—*Clinique*.

A PROVING OF NITRATE OF SILVER.¹

By E. P. BREWER, M.D., Ph.D., Norwich, Conn.

THE following proving was inadvertently made for the prescriber, without any suspicion on the part of the prover that he was serving in so important a capacity. It possesses, I believe, some value, not only because the symptoms were obtained from a very intelligent young man, but also because the prover himself is a sceptic in regard to the activity of infinitesimals. Again, all other provings of silver from minute doses have been made by individuals whose every sense was tuned to a high degree of susceptibility, and therefore are justly open to sceptical interrogation; for, it is too painfully apparent that there is much in the materia medica which is the result of active imaginations.

In the case of silver, the provings are mostly from toxic doses, and so frequently verified that their import is certain; in consequence of this, it is highly gratifying to find infinitesimals inducing in an unsuspecting prover, phenomena which strictly accord with toxic effects, and even expand and extend the latter.

The prover is a young man, aged twenty-one, a prescription clerk in an old-school pharmacy. He does not possess the remotest knowledge of the pathogenesis of nitrate of silver. He is in good general health, and is free from constitu-

¹ *Hahnemannian Monthly*, No. 7, 1883.

tional dyscrasiæ. He sought my advice for a catarrhal condition of the mucous membranes, for which I recommended silver. His malady and its subsequent changes I will expunge from the proving.

In consideration of the vocation and prejudices of my patient, I directed him to rub up one grain (gr. i.) of nitrate of silver with four drachms (ʒiv.) of saccharum lactis, and to take one grain of the trituration twice daily. Misapprehending my directions, he took twice a day for three days one grain of the nitrate of silver.

On the second day as he awoke from sleep, he felt tired and apathetic in mind and body; but, believing he might have taken a slight cold, continued the silver as before.

The morning of the third day found him feeling so badly that he again visited me. The whole head felt heavy and full, but the frontal sinus was the focus of greatest intensity. The operations of the mind were sluggish, so that continued thought required special effort; yet when the mind was so exerted, the bad feelings in the head were in no respect enhanced. He stated that the compounding of a prescription was peculiarly irksome at this time, as his mind would aimlessly wander from one subject to another unless he exercised constant effort. In the mouth was a disagreeable metallic taste. The tongue was red and clean. The throat congested, especially at the posterior, and felt hot and burning.

Deglutition was unaffected. The tonsils were of normal size and appearance. The abdomen below the umbilicus felt distended, or as if there was a weight upon it. This sensation temporarily abated when flatus was passed, the flatus being discharged without pain and without effort.

The bowels, which for weeks had been regularly moving once a day, now moved more frequently, there being two stools on the second day, and four on the third day. The stools consisted of a greenish semi-solid mass, made up of lumps of undigested food and mucus passed with some flatus. The prover was quite sure that their odour was very peculiar, but he could not describe it. Defecation was free from tenesmus, or burning, or any other abnormal sensation.

On the anterior wall of the rectum, about an inch above the sphincter, was a hot burning spot, unaffected by stool. Dragging and weight in the hypogastrium, which at times amounted to actual burning pain. Micturition temporarily

palliated the distress, hence the prover urinated frequently, yet the urine could be easily retained without appreciably affecting the distress. The urethra from meatus to bladder felt hot and burning, but at the meatus and below the scrotum were foci of greatest intensity. The lower extremities, especially the legs, were fatigued, and seemed too weak to support the body. At times they felt as if they would suddenly fail him.

When he had described these symptoms, I at once recognised the action of nitrate of silver, and on inquiring soon learned of the dose he had taken. I accordingly ordered its discontinuance.

I considered it desirable that the prover should again take silver, but in the dose originally recommended, gr. $\frac{1}{10}$, thrice daily.

Five days later, on rising in the morning, he was weary and oppressed in body and mind. His ambition seemed to have fled. Even trivial duties were burdensome. He only desired to sit and think. About noon small running chills developed along the spine and followed each other in rapid succession; meantime the face and extremities became flushed and hot. Towards six o'clock the chills ceased, and intense sleepiness set in. He felt that he could not keep awake; notwithstanding, on retiring he remained awake thinking—the thinking, when yielded to, absorbed the desire to sleep. By ten o'clock p.m. he had become so engrossed in thought that restlessness and real wakefulness followed. This continued until about midnight, when he went to sleep. The sleep was disturbed by monstrous dreams. The condition of the mind in sleep seemed but an extension of its state in waking hours, for the patient stated that all through the day he was disinclined to talk, but took a morbid delight in building air-castles. The head felt dull and full.

There was no visceral tenesmus or burning. The bowels were unaffected, except that they felt oppressed along the lower half of the abdomen; some flatus was passed.

The prover, recognising the effects as similar to those of the previous attack, stopped the silver, and reported the symptoms as recorded. The symptoms at once decreased in intensity, and in two days had disappeared. Four or five days later the doses were renewed.

On waking in the morning of the third day, the head felt full and confused. It ached all over, but with increased

force at the left frontal eminence, the temples, and in the occiput. He described the pain as a heavy, aching pain. At indefinite periods the occipital pain would cease, and the pain in the temples increase. The pain in the left frontal eminence remained constant and unvarying. The head felt enlarged and weighty; occasionally slight vertigo suddenly appeared and ceased. Some relief was afforded to the pain by tightly binding or pressing the head; cold air also palliated.

The *eyes* were sensitive to light, and smarted and burned after long use. The lachrymal secretion was somewhat increased.

The *face* was pale.

There was a peculiar, fœtid, metallic taste in the mouth. The tongue was coated at the base with a yellow fur, and felt dry to the prover, though to touch and sight it was moist.

During sleep, drooling. Slight thirst.

Congestion of the throat, with a slight burning soreness on the right side. No dysphagia.

Slight flatulent distention of the lower half of the abdomen. It felt greatly distended and oppressed. Emissions of flatus temporarily relieved the heaviness. Stool normal.

The urinary organs were markedly affected. In the urethra, during and after micturition, there was an intense burning, at times amounting to a stabbing pain; there was also a sore and swollen feeling. At irregular intervals the cremaster muscle would contract spasmodically and draw the testicle high up into the scrotum. With this spasm a drawing pain extended into the testes. Independent of the cremasteric spasm (although sometimes associated with it) was a pain in the testes and scrotum, as from pins and needles; worse in the right side.

The lower extremities, and especially the legs, were weak and tired as after prolonged exercise, yet the amount of exercise taken had not been unusual. A short walk exhausted. He said he felt as though he had experienced a long illness. In the afternoon and evening the feet were cold. In the lower lumbar and sacral regions, the same lassitude was felt as in the gastrocnemii.

About noon small chills developed along the spine, and with them a sensation of heat and increased lethargy. The hands and feet were not cold, but rather hot, as also was the head. The chills appeared in the upper part of the spine,

close to the occiput, and extended downward to the extreme end of the coccyx, but did not radiate from the spine. Warmth dissipated them for a time. Neither motion nor open air affected them. About 5 o'clock p.m. the chills subsided; no sweat followed, but profound sleepiness set in, a sleepiness so intense that the prover retired three hours earlier than was his custom. He did not fall asleep, however, but lay enchanted by a vivid imagination.

This Elysian state lasted until nearly 10 o'clock, and then slowly faded away. Then the prover became restless, the bed felt burning hot, the legs and back ached, and the brain seemed too large for the skull. With these feelings he tossed about until near midnight before sleep came. Before falling asleep, he noticed that the palms of the hands, the lower part of the abdomen, and the inner sides of the thighs were bathed with perspiration.

Fourth Day.—The medicine is discontinued. All symptoms as yesterday. The sleep is disturbed by bad dreams.

Fifth Day.—A burning spot is noticed in the fore part of the rectum, about an inch above the sphincter, and is aggravated by urinating. Micturition is more frequent, and the hypogastric distress is increased. The headache has become intolerable. Administered one drop of *Actea Racem.*, and repeated it in two hours. This removed the headache. Has lascivious dreams during sleep.

Sixth Day.—The headache is gone; the legs are less weary, but the lumbo-sacral lassitude persists. The chill appears regularly at 12 m. and ends about 5 p.m., without sweating. Dreamed of snakes last night. The rectal burning is very annoying.

Seventh Day.—No changes from yesterday's condition. Stools normal. Abdomen still distended and oppressed.

Eighth Day.—Same as yesterday. Chill as usual.

Ninth Day.—The rectal burning became so distressing that I prescribed *Ac. Nitricum* 1x, gttss v., every four hours.

Tenth Day.—Rectum still oppressed. Chill as yesterday.

Eleventh Day.—The weakness in the sacrum and legs is much less, and the chill did not appear.

Fourteenth Day.—Medicine was discontinued. The rectal burning is nearly gone.

Twenty-second Day.—The burning spot in the rectum is occasionally felt, especially at night, but is not distressing.

Twenty-fifth Day.—The prover is perfectly well again.

In reviewing this proving I was astonished at its close

resemblance to certain spinal affections, and particularly to the invasion of locomotor ataxia. The initial phenomena of that disease are precisely those of the effects of silver; their time of development, exacerbation, and relation to the subsequent symptoms are nearly the same. To exemplify their great coincidence, I will quote from Rosenthal: "The motor disturbances," he says, "usually appear at an early period. The patients experience a distressing sense of tension in the limbs, the knees bend under from time to time, and they soon complain of fatigue when walking. This feeling of prostration often inconveniences the patient to a marked extent when rising from bed." Hence there is perfect harmony between the proving and the disease, in motor disturbances and in the time of exacerbation. Pursuing the comparison a step farther, we find that the centres of greatest muscular uneasiness in the prover, namely, the lumbar, sacral, and post-tibial regions, are the localities in which the ataxia is most manifest.

Passing to the recto-vesical sphere, we have so much in common, that the one is a picture of the other. In locomotor ataxia, "the neck of the bladder and the urethra present intense hyperæsthesia, often attended with vesical tenesmus, pain during micturition, and violent periodic pains in the urethra. In rare cases the pains radiate into the spermatic cord, the testicles, and the lower limbs. Some patients complain of a sensation of burning, compression, or lancinating pains in the rectum."

The rectal burning in the prover was the most persistent symptom, lasting about seventeen days. It is highly probable, I think, that this burning has no pathogenetic relation to the rectum, but is referred to it by a contiguous organ, namely, the prostate gland. I am led to this conclusion by the fact that defecation was performed without inducing a noticeable change in the burning spot, while micturition markedly augmented it. Again, the location of the burning spot is identical with the site of the prostate.

The sensory disturbances resembling locomotor ataxia are also distinct and numerous. The similarity to the shooting neuralgia is fairly defined in the darting pains in the spermatic cord and testes, and the pin-and-needle sensation in the scrotum. The lumbar and sacral pain and tension also belong to this category.

Although dull aching head and sensitive vision are not common symptoms in locomotor ataxia, yet they are not

rarely encountered. Nor is a morbid imagination uncommon. The foci of pain in the head might, not improperly, be advanced as evidence of the neuralgic nature of the headache.

I doubt if there is extant a drug-action so closely counterfeiting the common symptoms of ataxia as that of this drug. Personally I am astonished at the similarity, and also no less impressed when I remember that wayward empiricism has fortuitously elicited its virtues in this disease. By what magic was Wunderlich directed when he administered silver in locomotor ataxia (for to him belongs the honour of its first use in that disease)? Yet, by his empiricism he opened a way to health that was hitherto unknown. His results were brilliant. Then followed its indiscriminate application in all cases; but, notwithstanding, the results were so satisfactory that its usefulness has been extolled by Charcot, Vulpian, Vidal, Herchell, Klinger, Moreau, Duguet, Cruveilhier, Constatt, Friedreich, and others. Dr. A. Stillé, after interrogating the accuracy of the diagnosis in the cases cured, admits that nitrate of silver rescued them from a "most deplorable state of muscular debility," and recommends its employment "whenever the peculiar muscular condition referred to exists."

As the value of the drug in this capacity would appear to depend upon its homoeopathicity, a very careful analysis of cases is needed. Plainly, as Rosenthal declares, the condition of the motor system is the prime feature to demand the administration of silver. I believe that period in which silver is of curative value is very early in the malady, perhaps before there is a decided change in the gait, or decided difficulty in walking. Possibly the "deplorable state of muscular debility," ushering in this affection, is its only period of usefulness; for we know that the muscular system was the earliest influenced in the prover, and in duration of influence stands only second to the prostatic irritation, therefore I believe that in the muscular system we find the keynote of the pathogenesis.

Another feature of the proving, of at least equal value, is the unique chills. For eight days the chills recurred at nearly 12 m., and continued for four or five hours.

The striking likeness between the chills and those produced by nitric acid may arise from the acid in the nitrate of silver.

In conclusion I desire to call attention to the aggravations

and ameliorations. The mental and head symptoms were worse at night; the general symptoms in the morning.

Warmth temporarily relieved the chills; open air lessened the headache; and passing flatus relieved the bowels.

ERYSIPELATOUS ERUPTIONS PRODUCED BY ARNICA.

L'Union Médicale for August 17th contains a report presented to the Société de Médecine of two cases in which the application of pure tincture of *Arnica* for the relief of contusions was followed by well-marked symptoms of vesicular erysipelas. Both subjects were females, of lymphatic temperament, and delicate, sensitive skin, and the affection in both was entirely local. The reporter, M. Laissus, cites a number of authorities who have noted the irritating effects of *Arnica* on the skin, but has only found one writer (Ruddock) who has mentioned it as producing erysipelas. He concludes that, in view of its influence upon certain constitutions, this agent ought always to be employed in a state of considerable dilution.—*Journal of Cutaneous and Venereal Diseases.*

[How naïve!—Ed. H. W.]

GRATITUDE.

ABOUT a century ago an actor celebrated for mimicry was to have been employed by a comic author to take off the person, manner, and the singular awkward delivery of the celebrated Dr. Woodward, who was intended to be introduced on the stage in a laughable character. The mimic dressed himself as a countryman, and waited on the doctor with a long catalogue of ailments, which he said afflicted his wife. The physician heard with amazement diseases and pains of the most opposite nature, repeated and redoubled on the wretched patient. At length, being completely master of his errand, the actor drew from his purse a guinea, and with a scrape made an uncouth offer of it. "Put up thy money, poor fellow," cried the doctor, "put up thy money. Thou hast

need of all thy cash, and all thy patience too, with such a bundle of diseases tied to thy back." The actor returned to his employer and recounted the whole conversation with such true feeling, of the physician's character, that the author screamed with approbation. His raptures were soon checked, however, for the mimic told him, with the emphasis of sensibility, that he would sooner die than prostitute his talents to rendering such genuine humanity a public laughing-stock.

GOULD'S PROSPECTUS OF HOMŒOPATHIC MEDICINES AND LITERATURE.

THIS is a convenient guide for those desirous of choosing a medicine chest or of inquiring practically into the merits of Homœopathy as a means of curing their diseases. At the same time it contains a very useful "Accident Chart," and, under the heading, "Principal Uses of the more common Homœopathic Medicines," it gives quite a pharmacology. One thing we are *very* pleased to see—viz., there is *no* quackery in it, which is more than can be said of such productions generally.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

BRIGHTON HOMŒOPATHIC HOSPITAL.

DEAR SIR,—You will have seen from a recent circular addressed to you, that the idea of establishing a hospital in Brighton is again revived. This idea originated with myself some months ago, when a provisional committee was convened for the purpose of establishing a second dispensary as a memorial to my late friend, Dr. Hilbers. At one of its

early meetings I advanced some arguments in favour of a hospital instead of a dispensary, on the following grounds:—

1st. That a hospital would be an institution more worthy of Hilbers's memory, and that his numerous patients and friends would come forward liberally to endow and support such an object; and that all true homœopathists, both lay and medical, here and elsewhere, would approve of the undertaking.

2nd. I hoped also that a hospital, being a more important charity, would combine all our forces here in its maintenance, and would thus obviate any real or apparent schism or disunion amongst us. My views were favourably entertained by most of my colleagues at that time, and I am glad to inform you that, after again consulting them, they still approve of the movement, and promise one and all to take their share of the work when the hospital is established. If you think favourably of this movement, by giving either myself or my colleagues here the benefit of any suggestions or advice you may have to offer, you will confer on us a much-esteemed favour.

Believe me to remain, dear Sir,

Yours very truly,

R. DOUGLAS HALE.

13, Cavendish Place, Brighton,
Sept. 16th, 1884.

P.S.—The population of Brighton is 140,000.

[We sincerely trust that the homœopathic practitioners of Brighton will pull *all* together, and their success is sure.—
ED. H. W.]

A STARTLING VIEW OF VACCINATION.

SIR,—I have just received the following letter from an able pathologist, Dr. E. Grysanowski, of Leghorn, which confirms in some respects the startling theory enunciated in your interesting and suggestive work "Vaccinosis."

Yours faithfully,

WILLIAM TEBB.

"Laymen are not always competent to judge of the theoretical value of a scientific doctrine, or when they are they fancy they are not or know that they are considered so

by others. No doubt, the question of compulsory vaccination is above all a political one, and in politics there can be no distinction between outsiders and initiates; yet, as a matter of fact, the scientific question concerning the prophylactic efficacy of vaccination is largely mixed up with it, and furnishes the principal bias to the popular mind. To get a hearing, the layman must either plunge into the quicksands of biological statistics, or dwell on the dangers rather than the superfluity of vaccination. But what is the danger incurred in each case of vaccination according to the law of chances? And where are the scales on which we could weigh these chances against the pretended chances of protection? Here the professional oracle is required, not because it knows much more about these matters than any educated layman might learn in half an hour, but because it is *supposed* to know more. And that is the only reason why we attach importance to every new utterance of professional opinions regarding vaccination. The following arguments (which, however, we cannot give here *in extenso*) are the more important, as they were published in the *Staatsbürger Zeitung* of June 7th, a widely-read paper of Berlin, the headquarters of medical orthodoxy. Dr. E. Sturm starts from the fact that the human organism is a well-defined whole, with an innate tendency to maintain its own integrity by repudiating and rejecting whatsoever is foreign to it. This is the *vis medicatrix nature* which often proves insufficient and then requires assistance, but which cannot be replaced by other agencies. Now the so-called lymph for vaccination, which as a morbid secretion of an animal would be foreign enough to our system, becomes doubly foreign to it—*i.e.*, becomes a twofold poison when it has passed through a human body not our own, and if that human body happens to be tainted with hereditary or acquired disease, the 'pure lymph' may prove a *threefold* poison to us. Through the act of vaccination, this 'lymph' is either at once introduced into the channels of circulation—when either fever and acute blood-poisoning, or slow and chronic degeneracy must ensue—or nature is prompt enough in closing these channels more or less completely, when the obtruded poison is either encysted (like a bullet) or ejected by suppuration. And that the latter contingency of the latter case is really the commonest of all is confirmed by daily experience, the appearance of the pustule being the rule, its non-appearance the exception. From this Dr. Sturm draws the following conclusions:—

"1st. The pustule is a proof—not of successful vaccination, but of its total failure.

"2nd. Only those can be considered as vaccinated who become chronically diseased after vaccination, and whatever protective power belongs to vaccination cannot last longer than the chronic complaint incurred.

"3rd. If compulsory vaccination is to have any sense, it ought to be carried far enough to induce such a chronic complaint and to perpetuate it.

"4th. All statistical argumentation hitherto employed either for or against the usefulness of vaccination, founded as it was on the assumption that the pustule is the proof of a successful vaccination, is absolutely worthless and erroneous.

"This is bold and plain enough, and surely one need not have studied medicine to start from such premisses and to draw such conclusions. In all probability Dr. Sturm knows as little about the vicissitudes of an inoculated poison as anybody else. Nevertheless, it is of the greatest importance that such wholesome heresies should come from a licensed practitioner. If he is right, vaccination would be, in most cases, an absolutely harmless operation, and a dangerous one only in those cases which have hitherto been regarded as failures. Such is medical science.

"Yours faithfully,

(Signed) "E. GRYSANOWSKI.

"Leghorn, Italy, September 5th."

[We think the conclusions are faultily put. The vaccinal pustule is proof of *two* things. 1st, that the organism has been infected with the vaccinal virus—if not, where does the pustule come from? 2nd, that, inasmuch as the local pustulation is eliminative, the "taking" lessens the amount of poison within the vaccinate. 3rd. Consequently, if the vaccinal virus have been absorbed, the individual who has not "taken" (*i.e.*, pustulated) will suffer more from vaccinosis than as if he had taken (see Dr. Burnett's "Vaccinosis and Homœoprophylaxis"). But Dr. Gryanowski fails to see that (if the law of similars reign in prophylaxis as asserted by Dr. Burnett) the protection afforded by vaccination depends upon the potential congruency of vaccinia and variola. Those who have *too much* of the vaccinal influence remaining will be *more likely* to get variola, and

therefore Dr. Sturm's conclusions are wrongly put, though he is very near the truth for all that.—Ed. H. W.]

A NEW SYMPTOM OF MERCURIUS.

DEAR EDITOR,—The thanks of all true followers of HAHNEMANN have been earned by our colleague, Dr. Simpson, for his brave outspoken words in your September number—“*It is scarcely possible to overrate the importance of minute individualisation, and our facilities are now so great as to leave us no excuse for careless prescribing or routine practice, with the elaborate repertories and exhaustive treatises on Materia Medica at our command:*” words which many professed homœopaths would do well to have printed on a card and hung up in their consulting rooms. I trust that Dr. S. will continue to illustrate the practice of Hahnemannian Homœopathy, and as a commencement I ask for further information on his statement (p. 470) that “the fanlike action of the *alæ nasi*, etc., etc., points to *Mercurius*.” This has been for years considered as an important keynote for *Lycopodium*, though other medicines have produced or cured similar symptoms, the evidence of which I collected in a paper published in the *Organon*, vol. ii. pp. 331-9. I should be glad to know whether Dr. Simpson has found this symptom in a proving of *Mercurius*, or whether it is only clinical. It is a very interesting observation, for I witnessed the symptom in the case of T. S., who was accidentally poisoned by the inhalation of *Mercuric Methide*, though not recorded in the published report. It occurred shortly before his death, a long time after the poisoning, and therefore must at present be considered doubtful.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

MR. FRANZ JACOBI ON SCHÜSSLERISM.

DEAR SIR,—The physician who, in a recent number of the *Homœopathic World*, took the trouble of dragging Dr. Schüssler's new treatment of disease into his category of worn-out systems is evidently not conversant with the same. He does not even seem to know how to spell the name of his

learned colleague, whose decided step in advance of all other scientific medicines he wishes to persuade us to consider as *nil* by his derogatory statements. It would require even more trouble than the paper on "Matter" to place Dr. Schüssler's system on as low a level as Electro-Homœopathy. Dr. Schüssler's system does not savour of secret art, it is what it claims to be, philosophical and profoundly scientific. His abridged therapeutics are founded upon histology and cellular pathology.

"*Mach's nach, aber mach's besser,*" might prove a difficult task even to some of the greatest of the profession. Any scholar in science who studies Schüssler's writings and teachings on *Materia Medica Pura* will appreciate his reasonings and his pathology. He interprets nature's signs so correctly that his therapeutics, the twelve molecular cell salts, cannot fail to cure. He supplies the natural constituents, when wanting, to the blood and tissues in the most appropriate form, thereby restoring the normal conditions and functions.

That "*Schüsslerism*" is not in a dying condition is proven by the fact that the tenth edition was sold out in less than nine months, and the eleventh was published in Oldenburg the other day, to meet the fast increasing demand.

If the "Physician," however, refers to the pamphlet, "The Twelve Tissue Remedies," published by Boericke and Tafel—not a translation, but a misleading adaptation, a "*Machwerk*," as Dr. Schüssler calls it, and a composition which he repudiates—then the idea of this work (*sic*) dying a natural death from inanition may be a correct one, and deservedly so.

Apologising for taking up so much of your valuable space in correcting some errors,

I remain, yours truly,

FRANZ JACOBI.

Dundee, Sept. 19, 1884.

LETTER FROM "EX-PUBLIC VACCINATOR."

DEAR SIR,—In your remarks on my letter in your last number, you say you "claim to speak as an expert" as well as myself. Now, I am sorry to say I cannot regard you in the light of an expert, if it is true that you assert that vaccine lymph "is pus and not lymph." This shows me that you can have had very little to do with vaccine lymph

at all, or, if you have had, you must certainly have taken the lymph at too late a stage, and then I am not surprised at your calling lymph "pus," and abusing the effects of vaccination. In my letter I distinctly state that "I never saw the least harm from vaccination *properly performed*." Now, if you have only used "pus" in your operations, you have never performed vaccination properly, and have, therefore, no right to abuse it.

If you had taken the lymph *at the proper time* you would know that the vesicle contained lymph, and not pus. Have you ever put lymph under the microscope? If so, have you found pus globules therein? Pure lymph is limpid and clear as water, and never produces any deleterious effects. But you say I have "*very* much to learn about vaccination and its ultimate effects." And why? Because, you go on to say, "a public vaccinator has relatively *no* opportunity of studying the far-off effects of his own handiwork." Now, this is rather a rash statement. I grant that a public vaccinator in London or a very large town may have very few opportunities of verifying the perfect success of his operations; and then there are vaccinators and vaccinators, since some men have observation, and take an interest in their work, while others do not. But, Mr. Editor, I happened to be not only public vaccinator to my district, but was also Union medical officer too, and therefore I saw grow up, many to adult age, the children on whom I had operated. I lived in a town of 17,000 inhabitants only. I knew all the families in the town. I saw my vaccinated flock continually, and I never in my life saw any harm result to the thousands who came under my hands. Public vaccinators not only see, but they know most of the game. They can afford to laugh to scorn the ridiculous attacks that are made upon this beneficent operation. As to its protective power, no one but an idiot or an utterly prejudiced person could doubt it. I could tell scores of most interesting incidents in proof of this, which have come under my observation. And now, finally, will any one tell me how it is that none of the persons who have had most to do with vaccination are opposed to vaccination? I know what Mr. Tebb and his *confrères* will say, for courtesy is seldom to be met with where fanaticism rules. They will say, as they have said, that filthy lucre influences the opinions of public vaccinators! As yours is a respectable journal, I do not expect such an odious imputation will be allowed to have place in it; but

I again ask, How is it that those who have done most vaccination are not its greatest enemies, if it is such a baneful, disease-producing, and execrable thing as its enemies make out? Perhaps you will say one or two names are to be found even among public vaccinators who decry the operation. Are there any? Well, I will tell you how I account for it, if there are. I know there are men who used to perform vaccination slovenly, and without regard for the character of the child or the condition of the vesicle from which the lymph was taken. I have myself had "points" offered me for use which were bloody, which I would never use under any circumstances. If men like these have seen any disastrous effects it is their own fault. Thirty years ago, and even twenty years ago, men did not think much of taking a little blood on the points, nor did they take particular heed of the constitutional condition of the child from which they took the lymph, but now the attention has been roused to the *possibility* of conveying other diseases, there need be no fear felt. Of course, there are black sheep in every flock, but let every parent go to a conscientious practitioner, and he never need have the slightest fear of the future health of his little one. As for your theory of "vaccinosis," Mr. Editor, I have never seen anything that could justify it, and I have always been an observant man, and alive to all the objections that have been urged against vaccination. I have come in contact with scores of experienced public vaccinators, and I never heard any but one opinion on the merits of this question, and I need scarcely say what that opinion is.

Yours faithfully,
EX-PUBLIC VACCINATOR.

[Our correspondent does not rightly apprehend our position. Inasmuch as we took out a University course of lectures on vaccination, and qualified as practical vaccinator seventeen years ago, and have vaccinated *au besoin* ever since, at some periods considerable numbers, our correspondent goes beyond the recognised limits of professional usage in questioning our private professional status. We make him a present of his anonymous dirt-throwing. Our reasons for protesting against the unscientific use of the word "lymph" may be found in "Vaccinosis and Homœoprophylaxis," and in our paper in this issue of the *Homœopathic World*.—ED. H. W.]

ANTIDOTE TO HAMAMELIS.

DEAR DOCTOR,—Can any of your readers give us the antidotes (not theoretical) of *Hamamelis*?

Yours truly,

LEATH & WOOLCOTT.

Leamington, Oct. 8, 1884.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

D. A. S., EDINBURGH.—We would recommend you to consult a homœopathic physician in your city.

MR. SNOWDON, HASTINGS.—With regard to your questions as to the genuineness of *Lachesis* 3, we can only say that we have never seen any *Lachesis* 3, and know of no tests for it.

MR. JAMES WEBB, LEYTON.—As you have read the *Homœopathic World* for thirteen years, you will be aware that the Editor does not hold himself responsible for the views of the various contributors to its pages.

DR. ISRAEL RENSHAW, SALE.

—You will find a proving of *Ailanthus glandulosa* in Allen's "Encyclopædia of Pure Materia Medica," vol. i. Allen calls it *Ailanthus glandulosus*, and some leave out the *h* in the generic name thus—*ailantus*. Militant Homœopathy wants *men* ready and willing to *fight* for the right. Platonic leanings are less valuable.

BOOKS AND JOURNALS
RECEIVED.

The Modification of Hereditary Transmission by Mental and Educational Influences. By John W. Hayward, M.D.

The Medical Era. Vol. II., No. 2.

Chemist and Druggist, August 15.

St. Bartholomew's Hospital and College Announcement for 1884-5.

Medical Counselor, August 1.

Characteristic Indications of Aggravation and Amelioration. By E. J. Lee, M.D. Office of Homœopathic Physician. 1884.

Calcutta Journal of Medicine, July.

United States Medical Investigator, July 12, August 9 and 30.

Allgemeine Homœopatische Zeitung, Bd. 109, Nos. 7, 8, 9, and 10.

Dublin Journal of Medical Science, August.

Medical Advance, August, 1884.

Electric Medical Advocate, No. 8.

Bulletin de la Société Médicale Homœopathique de France, No. 5.

The Clinique, No. 8.

Hahnemannian Monthly, Nos. 8 and 9

Homœopathic Journal of Obstetrics, August, 1884.

Bournemouth Visitors' Directory, September 6.

New York Medical Times, September.

American Medicinal Plants. By Charles F. Millsbaugh, M.D. New York and Philadelphia: Boericke and Tafel.

On the Application of Dental Science in the Detection of Crime. By Robert Reid, L.D.S. London: John Bale and Sons. 1884.

Revista da Sociedade Homœopática Bahiana, Tomo 1, No. 7.

American Observer, June and July, 1884.

Materia Medica Physiologically Applied. Vol. I. London: Trübner. 1884.

New Orleans Times Democrat, Sept. 1.

El Cólera, su naturaleza, etiología, sintomatología, higiene y Tratamiento Homeopático por el Médico Homeopata. D. José Nogue Roca. Barcelona. 1884.

Revista Homeopática Catalana, No. 8.

La Homeopatia Lima, Agosto, 1884.

Revue Homœopathique Belge, No. 5.

The American Homœopath, No. 9.

The Knowledge of the Physician. By Richard Hughes, M.D. Boston: Otis Clapp and Son. 1884.

The Zoophilist, No. 6.

Monthly Homœopathic Review, October.

CORRESPONDENTS.

Communications received from Dr. Berridge, London; W. Tell, Esq., London; Dr. Pope, Tunbridge Wells; Dr. Israel Renshaw, Sale, Manchester; J. H. Postlethwaite, Esq., Brighton; Dr. Hayward, Liverpool; Dr. Dunn, London; Dr. John H. Clarke, London.

The Homœopathic World.

CONTENTS OF OCTOBER NUMBER.

LEADING AND GENERAL ARTICLES:—

Cuprians and Anti-Cuprians.

Narcotic-Drinkers; being a Record of Three Cases Successfully Treated.

Poisoning by Bichromate of Potash. Recollections of a Country Physician. Successful Treatment of a Case of Spina Bifida.

Vaccination in Variola.

Wintering Abroad: Mentone and the Riviera.

The Modification of Hereditary Transmission by Mental and Educational Influences.

Civilisation and the Teeth.

Diphtheria and Mercurials.

A Few Cases from my Note-Book.

Uric Acid.

CORRESPONDENCE:—

Homeopathy in India.

London Doctors and Chemists.

The International Hahnemannian Association.

"An Ex-Public Vaccinator."

Allopathic Receipt for Homœopa Soup.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

THE
HOMŒOPATHIC WORLD.

DECEMBER 1, 1884.

THE QUACKISH BEHAVIOUR OF THE
ALLOPATHIC SECT.

THE quackish pretensions to superiority on the part of the allopathic sectarians seem to increase in direct ratio with their therapeutic impotence. For how many years have they been trying to laugh our little pilules to scorn? Still they found people would not give them up. And people would not give up these pilules because they are a nice, elegant, and convenient vehicle for our remedies. Aconite pilules have gone on curing feverishness decade after decade, notwithstanding the sneers and ridicule of the allopathic wiseacres. So the allopaths have adopted the pilule, but have baptized it *granule* or *parvule*. Well, we do not much mind whether the little globe of sugar-of-milk be called granule or parvule or pilule, since it pleases the childish minds of our sapient friends. Apropos of these dear little pilules, a very strict allopathic sectarian has lately made an important discovery. The thing is a little startling to be sure, and upsets all previous scientific experience; but what is not possible in these days of progress in leaps and bounds? Writing to the *Lancet* (p. 614, October 4th, 1884), Dr. Mahomed says: "It is notorious that the coarse, nauseous, and bulky preparations of our official Pharmacopœia are passing out of date; and although we are anticipating the advent of a new edition, rumour says that it will not be a great improvement on the old, which no longer satisfies our requirements. There can be little doubt that it is not the dogmas of Hahnemann that attract many practitioners to Homœopathy, and make it so popular with the public. It is the elegant method of administering remedies, the drop doses of

M M

powerful tinctures, and the pretty and dainty granules containing the active principles of the nauseous drugs which we employ, that entice those who administer and those who receive the treatment; these are the attractions which give life to the sect, and lend colour to their claim to a better therapeutics. The formation of a new sect is the natural result of every new discovery or advance in therapeutics, unless it is officially recognised and adopted by the profession; those who employ it become loud in their praises of it, and rapidly degenerate into quacks, indicating their possession of the new remedy by the adoption of a distinctive denomination; such persons speedily manufacture dogmas of their own to account for the miracles worked by their new idol."

Now we know all about it; we are homœopaths because we use pilules and give drops of strong tinctures!

The essence of quackery is *secrecy*, and the quintessence of quackery is puffing secret remedies. There is here and there a homœopathic quack unfortunately, but most of the quacks are to be found amongst the allopaths.

Any one having eighteenpence to spare may buy of Smith, Elder, and Co. the September number of the *London Medical Record*, edited by Ernest Hart. This is what is called the *Educational Number*, as it contains all sorts of information about medical education, with the advertisements of the various hospitals, etc., and being thus intended for beginning medical students its professional tone ought to be of some importance. Well, on page 419 we find this *editorial notice*:—

"HERPESINE.

"Herpesine is described as a 'specific for ringworm, scald head, itch, bald patches on the head, and other skin diseases.' It is a fluid smelling strongly of acetic acid, and having a deposit which obviously consists of Goa powder. The late Sir Erasmus Wilson has fully endorsed the value of the acid in skin diseases of a parasitic nature. The directions are that the bottle should be well shaken, and the contents applied night and morning to the parts affected, a feather or camel-hair brush being used for the purpose. We have no doubt that it possesses the properties claimed for it; and we are informed by the proprietors, Messrs. J. Lister and Co.,

36, Jewin Street, E.C., that it has an extensive sale, particularly in the East."

We do not propose to question Mr. Ernest Hart's great learning in the matter of "Herpesine," we merely remark that Mr. Ernest Hart also edits the *British Medical Journal*, which is the official organ of the *British Medical Association*. We wonder if *Herpesine* will be sufficiently elegant for Dr. Mahomed? And will it be made official, official, and obligatory by the *British Medical Association*?

Such is the unseemly quackishness of the allopathic sect in Great Britain. Now let us take a trip to the German fatherland. In the *Standard* of Nov. 3, 1884, we read:—

"A great sensation has been created in Berlin society by an 'affair of honour' between Dr. Du Bois-Raymond, the Rector of the University, and Dr. Schwenninger, Prince Bismarck's personal physician, who, by favour of the Chancellor, has been appointed a professor. The appointment is not welcome to the rest of the faculty, and when Dr. Schwenninger, according to custom, left two visiting cards with the Rector, they were returned. Schwenninger thereupon challenged Du Bois-Raymond to a duel with pistols, which the latter refuses, on the ground that he is an opponent of duelling on principle."

Would our readers like to know the great sin of this Dr. Schwenninger? He is a homœopath! Not even Bismarck can save his favourite physician from the impertinence and insults of allopathic medical snobs if said physician happen to be a homœopath.

Readers of the *Homœopathic World*, this is where we are at the close of the year of grace eighteen hundred and eighty-four! This is the "satisfactory condition of Homœopathy in general medicine"!

ONE FOR THE DOCTOR.—A German comic paper lately had a picture of a pompous physician standing by the bedside of a patient who was wildly delirious. "Why," he demands loftily of the patient's wife, "did you delay sending for me until he was out of his mind?" "Ach! Herr Doctor!" she cries, "do you suppose while he was in his right mind he would ever have sent for you?"

CASE OF VALVULAR DISEASE OF THE HEART AND HYPERTROPHY, WITH DROPSY.

By JOHN H. CLARKE, M.D., Physician to the London Homœopathic Hospital, and Lecturer on Materia Medica to the Medical School.

THIS was a case of aortic obstruction and regurgitation, and mitral regurgitation, with hypertrophy of the whole heart, having the common history of rheumatic fever. The hypertrophy had for a time maintained the balance of the circulation, but before her admission the heart, in spite of its increased size, had proved unequal to the strain upon it. Dropsy in the abdomen and a slight amount of pulmonary œdema and possible effusion into the pleura was the result.

She was treated throughout with two medicines—the *Arsenite of Potash* (*Liq. Arsenicalis B.P.*) and *Digitalis*. These were given by the house-surgeon before I saw the patient, and as she was doing well, and both the medicines were strongly indicated, I made no change. The slow pulse especially pointed to *Digitalis*. At one period of the treatment I stopped the *Digitalis*, as the urine had become more scanty. The urine soon became more copious, but upon its again becoming scanty *Digitalis* was resumed, and the urine became more copious again, the dropsy decreasing.

The diagnosis of the case was not difficult. I have given an account of the examination on different days, as it is of much advantage to compare them. The signs vary considerably. The increase in the size of the heart was evident enough. The systolic murmur heard over the mitral and left auricular areas was evidence of regurgitation into the left auricle. The rough systolic heard at the aortic area and propagated into the carotid left no doubt as to the aortic obstruction. The aortic regurgitation was not so plain; no diastolic bruit was heard in the aortic area, though the second sound was very feeble. But around the lower end of the sternum there was a diastolic murmur distinct enough; and as the vibrations of regurgitation through an insufficient aortic valve are carried downwards, it is just about the lower end of the sternum where a diastolic aortic bruit is best heard.

The sphygmograms are of considerable interest. The slow and hesitating action of the heart is shown by the interrupted up-stroke. The doubling of the beat and the intermittence are faithfully depicted, and the improvement in the general health is shown to go along with improve-

ment in the heart's action; the last sphygmogram shows a more frequent beat, a much more unbroken up-stroke, and greater regularity of action.

The patient went out cured of the dropsy and relieved of all her heart symptoms. The heart-muscle had been so restored to strength that it was equal to the work required of it when she left.

Emily E.,¹ twenty-six, living at home; fair; very small, wrist and hands no bigger than a child's; bones fine; admitted July 3, 1884, complaining of shortness of breath and dropsy.

She had rheumatic fever some years ago, does not know how long; had another attack last year. Had dropsy last year in legs and feet, but that went away. Her mother died of chronic bronchitis, and had dropsy; father living and quite healthy. The present attack commenced after Christmas in feet and legs, then in abdomen, and then in arms, and then a little in the face. It has got better in arms and face, and also a little in the legs and feet, but in the abdomen it has gone on increasing. She has been short of breath since last winter. Has been obliged to sit up a good deal. She has a cough every winter which goes away in the summer, but this summer it has been worse and has not gone away. It has been very troublesome lately, and especially at night, preventing her from sleeping.

Tongue small and pointed, slight fur. Bowels regular. Takes food well, no pain after it; vomits occasionally. Liver dulness slightly increased.

Much troubled with cough, worse at night, loose, but spits little; sputa watery. Expiration prolonged at both bases; a few crepitations. Breathing distant at right base, as if right pleura contained some fluid but not much.

Pulse small, intermittent, slow, and feeble. Arteries not thickened. Does not suffer much from palpitation. Apex beat $6\frac{1}{2}$ in. from centre of sternum, between seventh and eighth rib, masked in character. Area of dulness increased: from upper border of third rib, vertically; transversely, from half an inch to right of sternum to half an inch beyond left nipple.

A systolic bruit is heard in all areas and all over chest. At a point just below the nipple a systolic murmur is heard, and what seems to be a true diastolic murmur. No diastolic murmur to be heard in aortic area.

¹ From notes by Dr. Barker, House Surgeon.

Abdomen is a good deal distended, and quite dull at both flanks. Urine high-coloured, slight deposit of urates, no albumen.

July 5th.—*Digit.* ϕ , gtt. x., *Liq. Arsenic.* (B.P.) gtt. i., 2 h. alt.

9th.—Feeling better. Cough easier last night. Was not sick yesterday. Takes food pretty well. Urine 52 oz. Dropsy all gone from legs. Abdomen seems a little smaller. Pulse stronger.

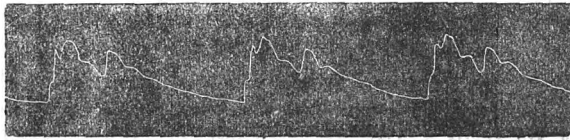
11th.—Felt a little giddy yesterday. Is never sick now. Temp. 97.

12th.—Temp. 97. The cough was now rather more troublesome, and kept her awake, but dropsy was diminishing. The water was rather scanty, and the *Digit.* was omitted, and not resumed again for six days. I made an examination of the chest with the following result.

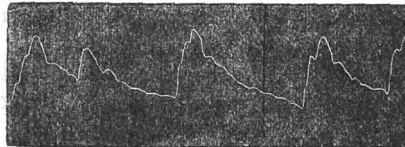
Pulse slow and irregular, 59; sphygmogram shows a double beat. At apex nothing is heard but a succession of bruits. A little nearer the sternum a systolic and diastolic bruit are heard; and then, more to the right, a systolic sound and a diastolic bruit, a thump being felt with the systolic sound. Tricuspid area: systolic bruit followed by a diastolic; the diastolic soft and faint, heard over the sternum. Pulmonary area: systolic bruit followed by a soft diastolic bruit. L. auricular area: systolic bruit followed by second sound, which is now heard between this and the mitral area. Aortic area: harsh systolic bruit.

The *Digitalis* was now omitted for six days.

Right, $3\frac{1}{2}$ ounces.



July 13th.—Right, $3\frac{1}{2}$ ounces.



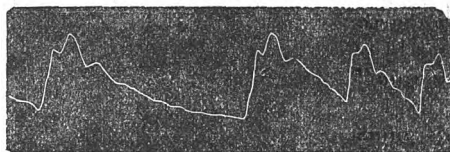
16th.—Feeling better. Urine 30 ounces. Takes food very

well. No sickness, some retching last night. P. more regular. Cough better, not so troublesome at night.

18th.—P. not so good. Urine 20 ounces. Cough more troublesome; restless; felt light-headed at night. Dropsy not diminishing. *Dig.* resumed, gtt. v., 3 h., alt. *Ars.*

19th.—This sphygmogram was taken to-day:

Right, 3½ ounces.



23rd.—Complains of pains in the legs. Tongue very red not thirsty.

26th.—Feeling better. Urine 41 ounces. Had a pain in the back last night. Sleeps well; very little cough. Dropsy diminished.

6 p.m.—Not quite so bright the last day or two.

Exam.—Ventricular dulness begins middle of second space. Apex beat in anterior axillary line. Impulse felt in scrobiculus cordis and as far as apex beat.

Mitral area.—Systolic bruit and second sound; going towards the sternum the first sound is heard as well as a bruit. Close to the sternum a very rough bruit is heard with most of the beats, and a second sound with a diastolic bruit. In *Aortic area*: very rough bruit, and a very faint second sound, both prolonged into the carotids. *Pulmonary area*: a rough systolic bruit (but less rough than in aortic area) and second sound.

Heart's action is irregular. At apex sometimes there is a first sound without a bruit. No venous pulsation in the neck. Rhythm of bruit at apex difficult to determine, but probably systolic.

On the 30th she got up for twenty minutes, and does not seem any worse for it. The dropsy in abdomen much diminished. Urine 30 ounces, but sometimes twice that. Takes food well. On August 2 she was going on well. On that day I again examined the heart.

Over apex, long, rather high-pitched systolic bruit; no second sound. Near the sternum a loud systolic bruit of lower pitch, and a diastolic bruit are heard. *Aortic area*: rough systolic bruit and faint second sound, the systolic bruit

being propagated into the carotids. Pulmonary area: systolic bruit and very faint reduplicated second sound. Bruit at apex *decidedly* systolic.

August 2nd.—Right, 3 ounces.



On the 6th of August she was quite well of all the cardiac symptoms, the dropsy having disappeared entirely. She could walk well. She left the hospital on the 13th.

15, St. George's Terrace, Gloucester Road, S.W.

COMPARATIVE RESULTS OF HOMŒOPATHIC AND ALLOPATHIC TREATMENT OF THE INSANE.

In an editorial published last month we gave the results of treatment in the Middletown (New York) Homœopathic Asylum for the Insane as compared with the results in the three similar asylums of the State of New York under the charge of allopathic physicians. In calculating the relative percentages, we inadvertently used the wrong column of figures from the report of the State Board of Charities, and consequently made the percentage of recoveries seem much lower than it really is. The recoveries are calculated from the number of *admissions*—the only correct method—and the deaths from the total number of inmates treated. The correct statement is as follows:—

Three allopathic asylums—recoveries, 25·37 per cent.; deaths, 6·49 per cent.

One homœopathic asylum—recoveries, 40·59 per cent.; deaths, 4·39 per cent.

In other words, Homœopathy cures forty patients in each hundred, while Allopathy, under similar influences and with equal facilities, and treating similar cases, cures twenty-five in each hundred. While Homœopathy loses by death 4·4 per cent., Allopathy loses 6·5 per cent. As there were 946 patients admitted to the allopathic asylums during the year, it follows that about 142 unfortunates either died or were permitted to lapse into hopeless chronic insanity, who, under

homœopathic treatment, might have been restored to health, and returned to their friends and to usefulness. Had the relative percentages of recoveries been reversed, the State Board of Charities would have recommended the immediate discontinuance of the homœopathic institution.—*Hahnemannian Monthly*.

THE HAHNEMANNIAN LECTURE, 1884.

ON October 2nd our eminent colleague, Dr. Pope, of Tunbridge Wells, delivered the annual Hahnemannian Lecture at the London Homœopathic Hospital and Medical School, Great Ormond Street. He commenced by describing the subject of it as a man of genius and a scholar, a physician who, during the final decade of the last and the earlier years of the present century, originated, conducted, and ultimately accomplished a work, the influence of which is felt, the results of which are seen, wherever, at this moment, the science of medicine is studied or the art thereof is practised.

Hahnemann's teaching was, he said, both negative and positive. When heroic measures, such as bleeding, venesection, and active purgation were regarded as essential to the treatment of acute disease, he demonstrated both their uselessness and danger. That his conclusions here were sound was, he said, proved by the repudiation of such remedies, on precisely the same ground, by the physicians of our own time.

It was, however, to the positive side of Hahnemann's teaching that he proposed to draw their attention, as he sketched the leading events of his life. He then passed in review his birth in 1755, his early studies, in which he evinced unusual proficiency in languages, being able to pass to the University of Leipsic at the age of twenty, and maintain himself there by giving lessons and translating books. He graduated at Erlangen in 1779, and was engaged in practice for some years. When the year 1790 opened Hahnemann had been a constant student of ancient and modern medical literature for fifteen years, he had listened to the teaching and observed the practice of some of the most eminent physicians and surgeons of his day in Leipsic, Vienna, and Dresden, and had diligently made use of extensive opportunities for testing the practical value of this study and observation at the bedside. He had now

come to the conclusion that the prevailing principles of drug-prescribing were, in their results, generally useless, often injurious, and always uncertain. He consequently gave up practice and devoted himself to the study of chemistry and to literary work. In the former he achieved considerable distinction, his work on arsenical poisoning remaining the chief authority on the subject for nearly fifty years.

Among numerous books translated by him was Cullen's "Materia Medica." It was through translating this well-known treatise that he was led, by Cullen's endeavour to explain the action of bark in the cure of intermittent fever, to make experiments upon himself with the bark to ascertain its effects in health. The result was that he noticed among these effects symptoms very similar to those which appeared in patients he had attended in the Transylvanian marshes some years previously. This suggested to him the possibility that the doctrine of *Similia similibus curentur* mentioned by Hippocrates 2,000 years before, and in later times by Stahl and Von Stoerck, might explain the relation subsisting between specific remedies and the cases of disease they cured—might prove the missing link which would unite the then separate chains of pathology and therapeutics. To the solution of this question he now devoted himself. After six years of experiment and research he announced his conclusions in a paper he published in Hufeland's Journal, then the leading medical periodical of Europe.

Dr. Pope here gave an analysis of this essay, showing the mode of study and line of thought arising out of it, which led to those therapeutic conclusions with which the name of Hahnemann is associated. In 1797 he resumed practice, and settled at Konigslütter. Never giving but one medicine at a time, and that only in a small dose, the apothecaries of the town became alarmed for their profits, and, being unable to trust the dispensing of his prescriptions to them, he prepared them himself and gave them to his patients. According to German law it was illegal for a physician to dispense, and the Apothecaries' Guild prosecuted him for doing so. Being successful in their action, Hahnemann was compelled to leave the place, and similar proceedings being instituted in other towns in which he endeavoured to reside, a similar result followed. In 1810 he returned to Leipzig, having during the preceding ten

years published several essays of importance and performed numerous experiments with drugs upon himself.

Dr. Pope here referred to the attacks Hahnemann had made upon his professional brethren at this period, arguing that while the words and tones in which he made them would be quite unjustifiable nowadays, yet being by them repeatedly prevented from practising his profession, and by them studiously and grossly misrepresented, not only in doctrine but in motive, and held up to public scorn and infamy in all the medical periodicals of his country, and in a series of pamphlets besides, he would have been something more than human had he regarded their motives as other than he did.

His ambition in going to Leipsic was to teach, to place before his medical brethren the lessons he had learned during the preceding twenty years. These lessons were chiefly the study of the action of drugs by the light of experiments on the healthy; the clinical application of drugs directed by the principle of similars; the prescribing of medicines so administered in small doses, singly and uncombined. These views represented, Dr. Pope urged, the whole of what is now described by the word Homeopathy. For a medical doctrine to continue unaltered, save in matters of minor detail, for nearly a century was, it was contended, strong evidence of its truth, and was attributed to the fact of all Hahnemann's teaching having been based upon experiment; it was the result of an appeal to facts, from which a strictly logical deduction was made.

In order to obtain permission to teach, Hahnemann had to obtain the rank of *Privat Docent*, to acquire which he had to read and defend a Latin thesis before the professors. The essay he prepared and defended was described as one of the most remarkable exhibitions of genuine scholarship in the whole range of medical literature. With the congratulations of the Dean of the Medical Faculty he received his permission, and commenced to lecture, and continued to do so through the ensuing ten years, when another prosecution by the Apothecaries' Guild drove him from Leipsic.

Invited by the Duke of Anhalt-Coethen, he retired to Coethen, where he resided until 1835, and then, responding to the entreaties of the second wife, he removed to Paris, where he died in 1843.

In reviewing the work of his life, Dr. Pope described it as the laying the foundations of the science of pharmacology

—the science of the action of remedies—adding that he built upon these foundations. He bridged over that “wide and deep gulf which,” the *British Medical Journal* had lately said, “has always been fixed between the pharmacologist, labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist, struggling to apply these results to the treatment of disease.” In reply to a further statement by the same journalist, that signs were not altogether wanting that the gulf was beginning to fill in, and that in the not very remote future it would be successfully bridged over, Dr. Pope said, “Gentlemen, this gulf has been spanned; the bridge which crosses it has stood for well-nigh a century. When nearly ninety years ago Hahnemann proved that it was the similarity between the action of a drug and the nature of the morbid process constituting individual disease, as revealed by the symptoms arising from the administration of the one and marking the occurrence of the other, which alone directed the therapist how to avail himself of the labours of the pharmacologist, he constructed this bridge. From that day to this,” he added, “direct evidence has been constantly accumulating in all parts of the world that its foundations were well and truly laid, and that the erection they supported was substantially and firmly built.”

He then drew attention to the indirect evidence in support of Hahnemann's doctrine, pointing out how largely the uses of remedies made known only through Homœopathy were adopted by physicians who denied that there was any principle in medicine which could point out the condition in which a drug would cure. He referred to an acknowledgment by Dr. Burney Yeo, that “homœopaths had called attention in many instances to the value of drugs which had been too much neglected,” and urged that it was only through the principles of Homœopathy that they had been able to do so.

Several additional illustrations of the daily use of remedies, made known in this way, were given, and he then said that “No amount of declamation, however passionate, or of theoretical objections, however ingenious, could ever obliterate the fact that the drugs named, and many more besides them, owed their position as remedies in the forms of disease in which they were prescribed solely to the method of investigating the properties of drugs set forth and carried out by

Hahnemann, coupled with the doctrine of drug selection propounded by him. It was, therefore, puerile to deny the existence of a therapeutic doctrine, misleading to say that there was no general principle which could guide us in the treatment of disease, while to state that the principle of similars had proved "injurious to medical science" was contradicted by the experience of every physician who availed himself of the most direct of the practical improvements which had taken place in therapeutics during the last twenty years. Moreover, such a doctrine, such a principle had been hoped for, looked for, and longed for by Sydenham, by Alison, and especially so by the late Sir Thomas Watson, who, a few years ago, in an address before the Clinical Society, urged that authentic reports of trials with medicinal substances upon the human body, taken together with clinical observations, "would lead at length to a better ascertainment of the rules—peradventure to the discovery even of the laws by which our practice should be guided, and so bring up the therapeutic and crowning department of medicine to a nearer level with those other parts, which are strictly ministerial and subservient to this."

Dr. Pope then urged that it was in this manner that Hahnemann worked, and it was in the same that all must work who are neither satisfied with Hahnemann's conclusions nor with the present state of therapeutics.

The institution of a Pharmacological Section in connection with the British Medical Association was then alluded to, and an examination entered into of the means of therapeutic research the President of the Section proposed to adopt, from which it was concluded that these "means" were as inadequate for the discovery of "the clue to the labyrinth of the modes of action of remedies" as they were wanting in originality. To find this clue it was argued all medical associations were shut up to taking the course suggested by Stahl, and emphasised and carried out by Hahnemann. There was no other means by which to detect the parts drugs had an affinity for, or to learn the kind of action they exerted upon them. How, it was asked, could such knowledge be utilised? Dr. Bristowe had acknowledged that the truth of the homœopathic view of the relations between medicine and diseases must be admitted before any special value could be attached to investigations on the healthy body. But, Dr. Pope argued, as the special value of such investigations was admitted by all the more eminent phar-

macologists of Europe and America, it needed little of the gift of prophecy accurately to forecast the therapeutic issue of pharmacological inquiry.

In conclusion, he pressed such investigations on the attention of the profession, and the comparison of the resulting observations with the phenomena of the diseases the drugs experimented with were known to cure, feeling assured that they would then see that the principle of similars was no *ignis fatuus*, but that there was good solid ground for believing in its reality; while the application of the clinical test would transform any pre-existing hesitation of the value of pharmacology, *plus* the principle of similars, into an abiding confidence in their united value, would convert any doubt that might have been felt respecting the truth of Homœopathy into a firm conviction of its paramount importance as a therapeutic method, would assure the investigating physician that through it he could obtain a power of control over disease that previously he had never dreamed of possessing. That we had this increment of power we owed to Samuel Hahnemann, whose constancy and consistency in working it out, undeterred by the gravest obstacles that could beset a scientific and clinical investigator, whose genius and scholarship, courage and self-sacrifice, entitled him to be regarded as one of the most genuine heroes who ever devoted a life to the ascertainment of the truth in medicine, or who ever laboured to diminish the physical suffering disease entails upon mankind.

THE HALOGENS.¹

By A. C. COWPERTHWAITÉ, M.D., Iowa City, Ia.

THE Halogen bodies, so called because they form salts resembling sea-salt, or chloride of sodium, include the elements chlorine, iodine, bromine, and fluorine—a group whose chemical habitudes are remarkably similar, and whose therapeutic virtues seem to be exerted in about the same directions.

Fluorine has so far not figured in therapeutics for the reason that it has never been isolated from the numerous compounds it so readily goes to form. Its most important

¹ Read at the Eighteenth Annual Session of the Indiana Institute of Homœopathy, at Indianapolis, Ind., May 1st, 1884, and published in the *Medical Counselor*.

combination is with hydrogen, giving us hydro-fluoric acid, an important therapeutic agent acting upon the vegetative sphere, affecting powerfully the mucous membranes, glandular structures, and bones, presenting conditions analogous to those which result from perverted nutrition. From this action of fluoric acid we are led to infer that could we obtain the element fluorine in its free state, it would be found to possess many therapeutic virtues in common with the other halogen bodies.

Chlorine, bromine, and iodine all attack the mucous membranes, and all produce an inflammation of the mucous membranes which tends to the formation of a pseudo-membrane. All attack the larynx, causing inflammation; all produce a coryza, which is watery and excoriating in its character; all produce spasms of the glottis, and all produce a certain anxious, depressed mental state. Chlorine is seldom used in its simple form, but usually in combination with some metal, especially sodium, potassium, or magnesium, with which it is most often found combined in nature. Chlorine produces a pseudo-membrane upon any mucous surface, and this membrane is more diphtheritic in its character than the pseudo-membranes formed by iodine and bromine, which are croupous in their nature. This accounts for the value of chlorate of potassium in diphtheria, though some credit must be given to the potash, which has also shown its value in this affection when in other combinations. Chlorine produces a depressed state of both the mental and physical systems, and causes a scorbutic state to a much greater degree than do the other halogens, as is especially evinced by its action when combined with sodium. Bromine and iodine are very commonly known in their elementary states. Bromine is an especially powerful irritant to the mucous membranes, particularly of the respiratory tract; an intense inflammation is established, soon followed by the characteristic pseudo-formation. Iodine affects the mucous surfaces, especially of the respiratory tract, less intensely, though sufficiently strong to render it an important remedy in the treatment of catarrhal affections of the larynx and membranous croup. Its action upon the glandular tissues distinguishes it from the other members of the halogen group. Upon the glandular structures it seems to exert a depressing and atonising influence, impairing their reproductive energies, and producing functional embarrassment, atrophy, and even total destruction of the part; occasionally in the thyroid gland this loss of reproductive

and functional power results in cellular hypertrophy, the gland assuming the proportions of a morbid growth. This accounts for the value of iodine in the treatment of goitre and kindred affections, including enlargement and induration of mammæ, ovaries, and testicles. The leading expression of iodine is emaciation, both general and local, which accompanies nearly all iodine conditions.

Iodine is said to be especially suited to persons having dark hair and eyes, while bromine is most suitable for persons with light hair and blue eyes. Often in membranous croup this modality may be the only aid in differentiating between the two remedies. Frequently either bromine or iodine may be used in respiratory affections, especially when pseudo-membranous formations are present, and in acute catarrh, hay-asthma, and chronic bronchitis, by inhalations. With bromine a small quantity of the first decimal dilution may be placed in a wide-mouthed vial, and vaporised by the warmth of the hand. To use iodine, five or ten drops of the tincture are put upon a small sponge contained in a small wide-mouthed bottle, which is then placed in a vessel of hot water, and as the vapour of iodine rises, it is inhaled with the steam from the water. In catarrhal affections, the carbolate of iodine, prepared by mixing one half-ounce of iodine with one drachm of carbolic acid, is used instead of the simple iodine tincture.

The halogens form a valuable group of remedies, but their use is often abused. They should only be employed when indicated by the symptoms of the individual case, and consequently their intelligent application requires a faithful study of the *Materia Medica*, without which no remedy can be properly administered.

THALLIUM AS AN ANTI-SYPHILITIC.

ACCORDING to the *Revue de Thérapeutique*, *Thallium* has lately been used by Pozzi in the treatment of syphilis. While some benefit followed the administration of the drug, it does not do the good which mercury will accomplish. In action it is similar to mercury, more poisonous but more readily eliminated from the system. In two patients it produced epigastric pains and vomiting, and several complained of swelling and tumefaction of the gums. But as mercury will not cure all cases of that foul disease, it may be that *Thallium* will come to occupy a little niche of its own.

CLINICAL CASES ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

CASE 8.—*Natrum Muriaticum in Warts.*—February, 1884.—A boy about eleven years old had had for three or four years a smooth, hard wart on the ball of left thumb near the first joint. For about six months he had also had one on base of metacarpal bone of left little finger, one on palmar surface of first phalanx of left thumb, and one or two on the base of right palm. He had received a single dose of *Thuja* CM. (F.C.) about the end of 1881, which only temporarily reduced the size of the large wart, the only one he then had. A single dose of *Verrucinum* 10 M. (F.C.) was given in March, 1882, but without result; nor did a repetition of the same nosode in the same potency, twice a day for ten days, nearly five weeks later, produce any better effect. Lastly, in October, 1883, he took a daily dose of *Thuja* CM. (F.C.) for some days, but equally without result. Subsequently he took no medicine till the present time.

Diagnosis of the remedy.—Lippe's invaluable Repertory gives "Warts on the palm, *Nat.-Mur.*" I accordingly gave him a daily dose of *Nat.-Mur.* CM. (F.C.).

In five days he showed me that the warts had all gone. I stopped the medicine, and the warts have not returned to this day. He has never been a salt-eater.

CASE 9.—*Sulphur in Warts.*—Miss M. B., æt. 18.

June 23rd, 1884.—Has had warts on hands for some months, and on feet since before Christmas, the latter being the oldest. She has now a wart on ulnar side of last phalanx of left second finger; a smaller one on radial side of last phalanx of left forefinger, near the joint; one under nail of left second finger; one under last phalanx of right great toe; and one on sole just behind left little toe. All the warts are similar, no pedicle, hard, rather smooth; always aching, sometimes throbbing, tender to touch.

Diagnosis of remedy:—

Warts hard: *Ant.-C., Calc., Dulc., Fluor.-Ac., Lach., Ran.-Bull., Sil., Sulph.*

Warts painful: *Caust., Nat.-Carb., Nat.-Mur., Nit.-Ac., Sabi., Sulph., Thuja.*

Warts throbbing: *Calc., Caust., Hep., Kali C., Lyc., Petrol, Sep., Sil., Sulph.*

The other symptoms have not yet been recorded.

I gave her, therefore, *Sulph. DM.* (F.C.) (the only remedy that corresponded to the case) twice a day for fourteen days.

July 8.—Reports that by June 27 all the warts were less painful, the large one on second finger flatter and darker, and that under nail darker. By June 29 the pain had quite gone from all the warts. On July 1 the wart under the nail came completely off. Subsequently the other two warts on the fingers came out, merely leaving holes where they had been. Hardly any mark to show where the wart under the nail had been. Warts on feet remain.

July 23.—Warts on feet have now gone also; no traces of any left.

October 27.—No return of warts.

Comments.—(1) The first point to be noticed is that it is impossible to treat patients according to pathological theories—that is, according to the name of the disease. The routine pathological practitioner would argue that warts were warts, and that the treatment of each must be the same. But we see here that different remedies are indicated in the different cases.

(2) The failure of *Verrucinum* in the first case also demonstrates the fallacy of Lux's system of Isopathy. Yet *Verrucinum* has, in the hands of a colleague, cured a very bad case. No nosode will cure every case of the corresponding disease; to prescribe it thus is to commit a "fatal error." It will only cure when homœopathic, not merely to the objective symptom, sometimes called by pathological prescribers the "disease," but also to the totality of the symptoms of the individual patient, whether we can trace the connection between all these symptoms and the "disease" or not.

(3) In the first case, the locality of the warts was the keynote in the selection of the remedy, the other symptoms being vague; in the second case, the locality being less defined, and the subjective symptoms marked, the latter became the keynote. This shows how, in different cases, different elements may have priority in value; in one case the locality may be the keynote, in another the character of the pain, in another the conditions, or in another the concomitants. But keynotes should never be relied upon exclusively, but only as leading to the remedy which corresponds to the totality of the symptoms.

(4) It will be noticed that the first case was cured quicker

than the second, though it had been of much longer duration. This is accounted for by the fact that in the first case the unfavourable surroundings of worry, past allopathic treatment, etc., did not exist as they did in the second.

(5) In the second case the warts disappeared in the inverse order of their appearance. This is another confirmation of HAHNEMANN's teaching, and is the great criterion of a *permanent* cure. In the first case the order of disappearance was unfortunately not observed.

(6) For future verification, it may be noticed that the warts cured by *Nat.-Mur.* went from left to right; those cured by *Sulphur*, from below upwards.

48, Sussex Gardens, Hyde Park, W.

WHY THE NEGRO IS BLACK.

OBSERVANT people will have noticed that as a rule people are darkest where there is the most sun. We read with much interest that Surgeon-Major N. Alcock lately contributed to *Nature* an interesting communication on the reason why tropical man is black, in which he suggests that, as in the lowest animals pigment cells placed behind a transparent nerve termination exalt its vibration to the highest pitch, the reverse takes place when, as in the negro, the pigment cells are placed in front of the nerve terminations, and that the black pigment in the skin serves to lessen the intensity of the nerve vibrations that would be caused in a naked human body by exposure to a tropical sun, that in fact the pigment plays the same part as a piece of smoked glass held between the sun and the eye.

CHRONIC TEA POISONING.

WE cull the following from a transatlantic contemporary:—“While good temperance people are decrying liquor,” said one of the leading physicians of the city, “they seldom stop to think how much harm is being done by the abuse of a beverage to which many of them are devoted. I just came from attending a case of a five-year-old babe who is ruined for life by its parents indulging in tea-drinking. The child became very nervous and dyspeptic, and they sent for me. I asked them how much tea the child drank. ‘About two

cups at each meal and several between meals,' was the reply. You see," the doctor continued, "they let the tea-pot stand on the stove all day. Thus the tannic acid is extracted, which serves to turn the linings of the stomach into leather and brings on dyspepsia and kindred diseases. Yes, you will find hundreds of women, young girls, and aged women, and occasionally a man, who have completely ruined their nervous system by the excessive use of common tea. It will be a blessing to mankind when a temperance crusade can spare wind enough from its attack on alcohol to assail tea."

BRITISH MEDICINAL PLANTS.

By ALFRED HEATH, Esq., F.L.S.

Order 6. CRUCIFERÆ (continued).

Sisymbrium officinale (*Erysimum officinale*) (Common name, Hedge Mustard).—Found on every roadside during the summer. There is no proving, but the plant has been recommended as a remedy in fever, and was formerly used as an expectorant, and also on account of its diuretic properties.

Brassica oleracea (The Wild Cabbage, Sea Cabbage).—Found on sea-cliffs in south and west of England. This plant is said to be the origin of all our garden cabbages, however different their appearance. In its cultivated form cabbage is considered a very wholesome article of diet, but it is apt to produce flatulency, especially in persons of weak digestion. In its wild form, when prepared as a drug, it has been recommended as a remedy in scrofulous diseases. There is no proving.

Sinapis nigra (Black Mustard).—Found on river banks. From the seeds of this plant table mustard is made.

Sinapis alba (White Mustard).—Found on cultivated and waste calcareous land. These two plants have been mentioned from time to time, and of the former I believe there is a short proving.

Armoracia sativa, *Cochlearia Armoracia* (The common Horse-radish).—So called because it was cultivated abundantly in Armorica. This plant is well known at our tables, and although there is not the *least* similarity between them, the poisonous root of aconite has been used in mistake for the horse-radish by ignorant people, and death has been caused. The horse-radish has a long stout white

root about a foot long, and affects the organs of taste and smell with a quick penetrating pungency, whereas the aconite is of a darker colour, tapering from the top, and not more than three or four inches in length, and has numerous fibrous roots as well. The activity of horse-radish is largely owing to an acrid substance, similar to that found in black mustard. Its virtues are much impaired by drying, and the tincture should always be made from the fresh root. In allopathy *Armoracia* has been given as a remedy in rheumatism and palsy; for hoarseness, as a stomach stimulant, to promote digestion; also as a powerful *diuretic*, and with success in dropsy.

Hering's "Guiding Symptoms," vol. i., gives a good proving of the drug. It produces on the healthy, and has frequently cured in the diseased, the following affections: "*Rheumatism of joints, which is better from motion and worse from rest. Loss of voice; whispering. Aphonia, with blood-spitting. Hoarseness and roughness of throat; it is used by singers to clear the throat. Violent cramps in stomach, beginning towards morning, continually increasing, driving to despair; cramp in stomach after taking cold. Greatly increased secretion of urine. Dropsy, with albuminuria, after pneumonia; beginning of enteritis; beginning of pleuritis.*"

Iberis amara (Bitter Candytuft).—So named from Iberia, the place of its natural growth. Found in chalky fields in the south and east of England.

Thlaspi Bursa-pastoris, Capsella Bursa-pastoris (The Shepherd's purse, a common weed).—This plant is said to have most extraordinary virtues, but is comparatively little used in medicine. It has a great reputation as a healer of outward and inward wounds; hæmorrhages, spitting and voiding of blood; in jaundice, inflammation, erysipelas, pains and noises in the ears, and wounds on the head.

Order 9. VIOLACEÆ.

Viola odorata (Sweet Violet).—Every one in the country knows where to find the violet, and I suppose there is no one who does not love its beautiful and delicate perfume, reminding one of the spring and green fields. Well may Venus claim this plant. As a drug the violet possesses very cooling properties, and has been used in heated conditions of the body, in inflammation of the eyes, hot swellings in different parts, pain in the head from want of sleep, with

heat; to help suppuration in pleurisy, and affections of the lungs and chest; hoarseness; in affections of the liver; in the hot stage of ague, piles, etc.; and it is said to remove stone in the bladder.

SENEGA.

By E. A. FARRINGTON, M.D., Philadelphia, Pa.

THE dried root of *Polygala Senega* contains, among other constituents, volatile oil, polygalic acid, and a glucoside identical with saponin.

To the old-school practitioner Senega is a stimulant to the mucous membranes, especially to that of the bronchi. He employs it to promote expectoration when there are present a sense of tightness of the chest, oppression, and dry, irritating cough.

The homœopathician, however, is more precise in his employment of the drug, and extends its sphere of usefulness beyond that of a mere expectorant.

In general, he selects Senega for fat children, for the phlegmatic, who react slowly and imperfectly after catching a cold, and for aged persons.

Knowing the constituents of the agent, he expects to find debility, confusion, and heaviness, with beating in the head; weak legs, trembling and faintness when walking—symptoms apparently like the effects of saponin. Characteristic in this connection is the fact that these symptoms seem to accompany the chest ailments or to originate in the chest.

The patient may have what we vaguely call weak eyes. But in a genuine Senega case there are present parietic and catarrhal symptoms: paresis of the left oculo-motor nerve, paralysis of the superior rectus, can see clearly only by bending head backwards; eyes tremble and water when he looks intently or reads; flickering of sight, must wipe the eyes, though this aggravates; smarting of the conjunctivæ as from soap; cilia full of hardened secretions.

When catarrh affects the bladder, the urine is dark-coloured, diminished in quantity, and foams when shaken; there is urging and scalding before and after micturition, the urine contains mucous shreds, and, on cooling, becomes thick and cloudy.

But it is especially in catarrh of the air passages that Senega is indicated. We have seen that the debility accom-

panies chest affections, and the same is true of the cystic symptoms.

The remedy is effective in the beginning of a cold, when the cough ends in a sneeze; mouth and throat feel dry, with scraping and roughness; throat so dry it hurts one to talk; hoarseness; soreness in the walls of the chest.

Later, tenacious phlegm collects in throat and trachea, causing hawking and coughing. The cough is irritating, shaking the whole body; every attempt to walk briskly renews the paroxysms. But most important of all, in the late stages of a cold, are symptoms referred to the walls of the chest. Sneezing, coughing, or any other jarring of the body, causes a feeling of soreness—either of diffused soreness, or of soreness in spots.

If, now, we compare Senega with analogous remedies, we find that it presents points of resemblance to Quillaia, Saponaria, Gelsemium, Scilla, Asparagus, Calc.-Carb., Hepar, Cubebs, Copaiva. We will refer only to two or three of these.

Quillaia owes its virtues to saponine, a glucoside found also in Senega. It is effective in a common cold contracted in warm, relaxing weather. There are coryza, sore throat, sneezing, dull headache, and sore, aching, tired feelings all over the body—in fact, the symptoms of the beginning of a cold. Probably Senega will follow Quillaia when the cold travels down on the chest.

Asparagus vies with Senega in the bronchial catarrh of the aged. Both have tenacious mucus, cough; and, frequently, accompanying cystic catarrh. The first has a troublesome, teasing cough that causes gagging; urine turbid, strangury; urine has an offensive odour. Tendency to gravel, especially in old persons who have a weak, feeble pulse. The second has more a shaking, irritating cough, much mucus on the chest; urine turbid, etc.

Cubebs and Copaiva, like Senega, cause foaming urine; but otherwise are not very similar.—*American Homœopath.*

PERSONAL.—Dr. Tonner, of New York, is in London, and intends staying some time in Europe. Dr. Tonner is associated in New York with our eminent colleague, Dr. A. K. Hills, editor of the *New York Medical Times*.

VAPOUR BATH CURE FOR HYDROPHOBIA.

THE *Lancet* says that as far back as 1865 Dr. Buisson wrote in the *Salut Publique* of Lyons an article claiming to have discovered a remedy for hydrophobia. The doctor is said to have himself been inoculated with the virus of rabies by means of the saliva from a patient suffering from the disease; the saliva impregnating a handkerchief having come in contact with a slight abrasion on his left index finger. Nine days after the accidental inoculation Dr. Buisson began to suffer from symptoms referable to hydrophobia. When this stage had been reached, vapour baths at a temperature of 52° C. were had recourse to, not with the intention of cure, but it is said with a desire to produce suffocation. According to the account given, strange to say, the whole of the symptoms disappeared and never recurred. Dr. Buisson declared that after his recovery he attended eighty individuals who had been bitten by mad dogs, and never lost a single case. When an individual has been bitten by a mad dog, he must for several successive days take a vapour bath. This procedure is spoken of as the preventive remedy. When the disease has declared itself, one vapour bath alone is required, the temperature being rapidly raised to 37° C., and then more slowly to 63°. The patient must be strictly confined to his chamber until the cure is complete.

BELLADONNA IN ERYSIPELATOUS SORE THROAT.

By THOMAS NICHOL, M.D., LL.D., B.C.L., Montreal, Canada.

J. D., a stout, active gentleman, recently from England, was taken ill on June 3rd, 1882. After several hours of uncomfortable feelings, indefinite but real, he was attacked with aching in the limbs, a bruised feeling with extreme weakness, and loss of appetite. This was followed by shivering, which was soon replaced by heat of the skin, with frequent pulse and soreness of the throat. When I saw him, two days later, his state was as follows. Round the nostrils and on the dorsum of the nose the skin was red and angry, and all the neighbouring parts were swollen. The glands of the neck were so enormously swollen that the patient could hardly open his mouth, and the swelling extended down the neck. On examining the throat, it was

found to be of a dark cherry colour, shining as if varnished. It was greatly swollen, especially in the region of the tonsils, and the dark-cherry redness extended over the entire throat. The breathing was embarrassed, and swallowing was difficult. The throat was painful, with burning heat and dryness, and the sharp, shooting pain was aggravated by breathing and swallowing. The tongue was thickly covered with a yellowish coating, and its papillæ were greatly swollen and of a deep-red colour. Fever was considerable, especially at night; the pulse was full and bounding. Appetite was very deficient, the thirst extreme, the weakness great.

I prescribed *Belladonna*, 3rd decimal trituration, a powder in six teaspoonfuls of water, a teaspoonful every hour.

Next morning, June 6th, I found the fever much abated, the skin cool and clammy, the pulse full and slow. Abundant warm perspiration had appeared during the night. The erysipelas round the nose was paler, and the swelling was diminished. The cervical glands were smaller and less painful, but the effusion around them was, if anything, increased. The throat was less fiery in its redness, the swelling notably diminished, respiration quite unembarrassed, swallowing much improved, while the pain had entirely disappeared. The tongue was still foul and coated, but it had begun to clean around the edges. Appetite was a little better, as thirst was less urgent. The patient felt very weak and prostrate.

On the morning of June 7th there was again amendment along the whole line, and, after keeping an eye on him for a couple of days longer, the patient was dismissed on June 9th.

Concerning the diagnosis of this disease, Dr. Morell Mackenzie writes as follows:—"The diagnosis of erysipelas of the pharynx and tongue cannot but remain doubtful, except where it is accompanied by manifestations on the skin. Indisputable as is the occurrence of erysipelas as an exanthem, there are no pathognomonic signs by which the disease can be recognised when confined to the mucous tracts." I incline to think, however, that the peculiar varnished appearance of the mucous membrane is not seen except in erysipelas of the throat.—*Am. Homœopath.*

DEATH OF BURQ.—Dr. Burq, the advocate of metallotherapy, died some weeks since at the age of sixty-three.

CLINICAL NOTES—DYSMENORRHŒA.

By PROF. J. T. KENT, M. D., St. Louis.

MATTIE E—, æt. twenty-three. Since the first menstrual nîsus, which occurred at thirteen, she has suffered great pain at every period, which has been every three weeks. Pain in the uterus and down the limbs. Before and during, she has suffered from an empty, hungry, all-gone feeling in the stomach (*Sepia*, *Murex*, *Ignatia*); she cannot stand long on the feet, the pain is so much aggravated; cold feet; great dizziness when going upstairs; voracious appetite.

The fact that this difficulty dated back to puberty guided me to *Calc.-Phos*. She never had any more pain. This young lady was compelled to avoid any engagement that might come on her sick day, as she was compelled to keep her bed most of the first day. Her expressions of gratitude have often cheered me, and her praise has brought me much business.

So important is *Calcareæ Phos.* in the painful affections of the uterus connected with puberty, and resulting from bad habits or neglected advice at that time, that I feel like emphasising this feature of it. It is a common practice in rural districts for girls at puberty to wade in water, and do many careless things, thereby laying foundation for dysmenorrhœa and sterility. The complaints growing out of these causes find their remedy in *Calc.-Phos.* in a very large number of instances.

Miss X—, twenty-four years old, had suffered from *dysmenorrhœa* since puberty. She always kept her bed during the first day. Menses a few days too soon and profuse, lasting five days. The pain was labour-like, and there was some bearing down in the vagina, with a sensation as if the parts would protrude. She often felt as if her menses would come on at different times during the interim, and sometimes a sexual flame annoyed her. Generally she was robust and free from complaint. *Calc.-Phos.* cured this lady in two months.

She was an orphan, having no mother to advise her, therefore exposure at the time that she most needed to exercise judgment brought on the suffering that lasted ten years before she obtained the appropriate remedy. This patient had submitted to local treatment without palliation. She had been told that internal medication could not benefit her.

Miss Susie C—, twenty-two years old, consulted me

for dysmenorrhœa. Her menses came very much too soon, and lasted from seven to ten days. The flow was dark and clotted the first three or four days; the severe pain was at the beginning; she got some relief after passing membranes. She complained of aphthous patches in the mouth, and sometimes on the labia. She always had a leucorrhœa several days before menstruation, white-of-egg-like and ropy. Her pains were often labour-like, constricting (*Cactus*), extending into the back and up the back (*Gels.*), and down the thighs (*Cham.*), and sometimes to the stomach, causing vomiting. She would always weep from music (*Natrum*) and grow sick and become frightened when going down the top of any high building in an elevator.

She got *Borax* 3m at proper intervals. The result was satisfactory. The second period was painless and normal. The relief in this case has been permanent.—*St. Louis Periscope.*

CYANURET OF MERCURY IN DIPHTHERIA.

By Prof. E. M. HALE, M.D., Chicago.

THIS drug is doubtless superior, in a large proportion of cases, to all other drugs in the treatment of true diphtheria. My experience leads me to this conclusion, but another result of my observation is this: that not all cases require the same dose. While the sixth dilution will act surprisingly well in some cases, in others it is inert. But in such cases, if the 3x trit. is given, I observe the curative specific action.

On looking over the various journals which lie upon my table, I find a singular discrepancy of opinion and experience. One pins his faith on the 30th; another on the 12th; another on the 6th. Once in a while a man boldly gives the 2x trit., and sees splendid effects. Allopathic writers get excellent results from the sixtieth to one-hundredth of a grain, repeated every few hours. All this shows that no single potency can be selected in any disease. The dose must be varied with the age, sex, and idiosyncrasies of the patients.

To illustrate this matter I append the experience of two of the most prominent men of both schools, men who are most identified with the introduction and use of this drug in the treatment of diphtheria.

Now, the veracity of these two writers cannot be impeached. The experience of one is as reliable as that of the other. It will not do to reject the experience of Dr. Selldén because he

is an allopath. In so doing we shall imitate the very thing which we most blame in our opponents—namely, that they reject our experience with attenuated doses.

It will be observed that no pathogenetic effects were observed from the larger doses. (The heroic dose of *Terebinth* must be condemned as absurd and dangerous. A few doses of *Digitalis* or *Convallaria* are much safer.)

Now, without bigotry, look on the two pictures presented below. It may teach those who have not a mental hemiopia that we need not be afraid of tangible doses.

“Dr. von Villers, of St. Petersburg, is reported as having cured 200 cases of diphtheria with *Cyanuret of Mercury*. The earlier cases were treated with the 6th dilution. He says, ‘When I had observed a sufficient number of cases to assure me of the specific character of the *Cyanuret of Mercury*, I abandoned the dose I had hitherto used, and gradually went beyond the 6th dilution. In this manner I got up to the 30th, and remained there, having gone beyond it on only one occasion. The result of my investigations was to convince me that the higher the dilution the more precise was the action of the medicine. Since I have adopted exclusively the 30th dilution, I have observed that the diphtheritic exudation disappears in a somewhat shorter time than with the 6th and 12th.’ Dr. von Villers has been known for years as a thoroughly trustworthy and cautious observer.”—*American Homœopath*, January, 1884.

“In a communication in the *Allegemeine Medicinische Central-Zeitung*, of September 22, 1883, Dr. Selldén, of Stockholm, relates his method of treatment [of diphtheria] by the *Cyanuret of Mercury*. He employs a solution of one-tenth of a grain to the ounce, of which, to older children and adults, he gives a teaspoonful every hour or half-hour, day and night. The patient also gargles frequently with the solution. In cases of threatened heart-failure he gives, in addition, some Tokay wine, and in desperate cases he adds to this a tablespoonful of oil of turpentine in a cup of milk. Great stress is laid upon the treatment during convalescence—fresh air, a nourishing diet, and strict confinement to bed being insisted upon. Of sixty-one cases of contagious diphtheria treated by this method, Dr. Selldén lost but three. Several years ago Dr. Erichsen, of St. Petersburg, proposed the *Mercuric Cyanide* as a valuable remedy in the treatment of diphtheria, giving it in doses of 1-96th to 1-48th grain. Of twenty-five cases thus treated he lost three. Others who have used the same drug report favourable results, but from

the small number of their cases and the absence of systematic observations their testimony is of no great value."—*Medical Record*, Jan. 5, 1884.

NITRO-GLYCERINE AND CHLORIDE OF GOLD AND SODIUM IN THE TREATMENT OF ALBUMINURIA.

In Bright's disease there is an increased tension of the vascular system, due to an irritation of the vasor-motor centre in the medulla. The condition of elevated tension of the vessels led Dr. Roberts Bartholow to the use of nitro-glycerine in albuminuria. He says that he has seen some remarkable instances of relief—indeed of cure—effected by it. In cases of mitral disease accompanied by albuminuria, it also renders the highest service—for the diminished peripheral tension lessens the work to be done by the heart, and assists in the more equal distribution of the blood. The effect of this in relieving the venous congestion is obvious.

Chloride of gold and sodium has a special action on the genito-urinary apparatus. The ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, and the kidneys by means of which it is eliminated, and in which it tends to accumulate, are decidedly affected by it in function and structure. The chloride of gold acts on connective tissue, and checks its over-production. Dr. Bartholow uses the nitro-glycerine in the form of the centesimal solution, the initial dose of which is one minim. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours. It is indicated in acute cases after the subsidence of acute symptoms, and in chronic cases at all periods, but especially if given before hypertrophy of the arterioles has taken place. When it acts favourably, the amount of albumen in the urine steadily diminishes. Chloride of gold and sodium is indicated in the sub-acute and chronic cases, especially the latter. The good effects to be expected will depend, necessarily, on the extent of damage already inflicted on the kidneys. The usual initial dose is one-twentieth of a grain, twice a day. If this should cause any untoward symptoms, it should be diminished. If necessary, the dose may be increased. The good effects will be observed in less than two weeks or else not at all.—*Med. News and Hahn. Monthly*.

Obituary.

DR. BERNARD, OF MONS.

THE last number to hand of the *Revue Homœopathique Belge* appears with a deep black border, and no wonder, for Dr. Bernard, of Mons, Belgium, is no more with us. He died on the 8th of October, 1884, practically of—a broken heart. Not very long since he lost his father, to whom he was much attached, a fortnight thereafter his dearly-loved wife followed, and then his children were stricken down one after another, until our tender-hearted friend, well-called by his co-worker, Dr. Martiny, a *nature d'élite*, could stand the battle of this nether life no longer, and God mercifully took him home to Himself and to his own loved ones. Standing by his grave, Dr. Martiny cried, "*Adieu, cher Bernard, adieu!*" and Dr. Dufrane thus finished his tomb-side speech—"non un *éternel adieu, mais au revoir!*"

It has been our privilege to exchange very friendly sentiments with our departed colleague, and we know him thus enough to recognise in him a most loveable, chastened nature, reminding us, we know not why, of Arndt and Goullon.

Dr. Hector Bernard was born in 1838 at Thuin, graduated at Louvain as Doctor of Medicine, of Surgery, and of Obstetrics in 1859, then went to Paris and finally settled at Mons, where he acquired a great reputation, which he leaves behind him.

All parties, theological, political, scientific, allopathic, homœopathic, united at his grave to honour what was mortal of Hector Bernard.

Dr. Bernard was a great worker, and his published works are considerable for so young a man. They are:

1. *Recherches et considerations sur le traitement homœopathique du traumatisme.*
2. *Justification de l'homœopathie dans ses principes essentiels.*
3. *Etude sur le traitement homœopathique de la constipation.*
4. *Essai sur l'angine de poitrine et sur son traitement homœopathique.*

In addition to these separate works we have read numerous able articles from his pen in the *Revue Homœopathique Belge* during the past eleven years.

His writings are essentially practical and show a very wide scope of reading. Militant Homœopathy in Belgium could—so it seems to our poor mortal vision—ill afford to lose him, and we offer our Belgian *confrères* our most sincere heartfelt sympathy.

DR. BERNARD BAEHR.

THERE died at Gmunden, on the 21st of October, 1884, at the residence of his host, the Duke of Cumberland, a very notable homœopathic physician—Dr. Bernard Baehr, of Hanover. At the time of his death he was lovingly surrounded by various members of the royal house of Hanover, which royal house the deceased had faithfully served all his life.

Baehr was born at Hanover on the 17th of April, 1828, and studied at the universities of Göttingen and Vienna. He already became acquainted with Homœopathy while in Vienna, and in 1855 he brought himself prominently to the fore by the publication of his monograph on *Digitalis*, to which the Homœopathische Central Verein of Germany awarded its prize; and then he brought out in 1862 his well-known work on therapeutics, “*Therapie nach den Grundsätzen der Homöopathie*,” which procured him a considerable reputation in this country and in America. Our lamented colleague died of tuberculosis consecutive to diabetes.

We quite agree with Dr. Metz, from whose obituary notice in the *Allgemeine Homœopathische Zeitung* we borrow these particulars, that Homœopathy loses an able and faithful representative in Dr. Baehr. May the many blessings he has conferred on others now return to those of his own house who survive and bemoan him.

LITERATURE.

ARS MEDICI: AN ESSAY ON THE DOCTOR'S
ART AND ITS RELATION TO SCIENCE.¹

THIS is an interesting essay on an important subject from the pen of an able and ready writer. We will give a sample of how our author handles his subject.

¹ *Ars Medici: An Essay on the Doctor's Art and its Relation to Science.* By John H. Clarke, M.D. London: Henry Turner. 1884.

"It is sometimes said," says Dr. Clarke, "that the science of medicine is made up of many sciences—physics, chemistry, botany, zoology, normal and abnormal anatomy and physiology, and materia medica. This is not the case. The science needed by the medical man partakes of these sciences to a greater or less extent, but it is not identical with any or all, and it includes many things of which these take no note. Now that the doctor no longer collects his own herbs, he makes no use of botany in his practice, however desirable it may be for his intelligence that he should know it: the botanical characters of a plant are altogether different from its powers over the human body. Again, however necessary it may be for a professor of physiology to know all the various theories advanced to explain development, this knowledge is of little service to the doctor when he comes to the bedside of the sick. What it is necessary for him to know is, the facts of anatomy and physiology—morbid and healthy—so far as to be able to form a true conception of the condition of his patient, and to know the external conditions that are capable of influencing him either for good or evil. This is the twofold science the medical man needs to enable him to practise his twofold art with success.

"Imagine a modern neophyte placed by the side of a sick-bed along with Sydenham in his prime. The latter would not be able to pass a modern examination in elementary science; he would be a stranger to the atomic theory and the germ theory alike; he would know nothing of bathybius, protoplasm, embryology, or evolution: and yet, what sane person would not prefer Sydenham's opinion as to the state of the patient, the gravity of the case, and the likelihood of recovery, to that of the modern tyro? True, he would not, if the case were obscure, be able, like the latter, to utter with an air of profundity the words 'neurosis' or 'vaso-motor;' and he might not give the condition the name by which it is now generally known; but in all the essentials of the diagnostic science and art he would be immeasurably the other's superior. In regard to the art of healing there might not be much difference. Treatment has always been founded almost entirely on theories of disease, and Sydenham, doubtless, often lessened his patient's chance of recovery by employing blood-letting, on the supposition that it was necessary to employ an 'antiphlogistic:' but Sydenham did not poison his patients with carbolic acid under the impression that he was killing microbes.

"I said it was necessary for the doctor to know the *facts* of anatomy and physiology. Here is the point where a great deal of the confusion begins. The object of the student of science is to get at facts through phenomena. This is right and necessary. The mistake made by modern teachers in the medical schools is, that they do not recognise what are the facts with which we must be content. In all the concrete sciences, and especially the sciences which deal with life, the *ultimate* fact of any phenomenon, or group of phenomena, we can never reach. In physics we may recognise the existence of the force of gravity, but we must acknowledge that the force itself is a mystery to us. In all the sciences which are concerned with living things the complexity is much greater. There is a factor which we can never fully estimate; and until we are honest with ourselves and acknowledge this to be so, we must inevitably fall into error. At this point medical thought divides into two streams. One set of thinkers deny the existence of any such unmeasurable factor. "There is no more mystery in living bodies than there is in a steam-engine," said a teacher of physiology to his class not many months ago. The other class, recognising the existence of the unknown force, think that since it is unknown and not to be weighed and measured, they may in their calculations ignore its existence. Both sets of thinkers are illogical and unscientific. There is a difference between a piece of living protoplasm and the same protoplasm the moment life has left it. Until men of science have explained what that difference is, it is folly alike to deny or ignore its existence.

"But if the life-force is unknown in its essence, it is not unknown in its manifestations. We have these for our guidance, and these constitute the basis facts of our science."

SURGICAL EMERGENCIES AND ACCIDENTS.¹

PROFESSOR GILCHRIST has won his spurs, and is an acknowledged authority in surgical therapeutics, and we need, therefore, do no more than just let our readers know of the appearance of this excellent work—a large, handsome volume of 582 pages of close print.

¹ Surgical Emergencies and Accidents. By J. G. Gilchrist, M.D., Professor of Surgical Pathology and Therapeutics in the State University of Iowa. Chicago: Duncan Brothers. 1884.

Gilchrist is a master in homœopathic therapeutics, and at the same time an excellent surgeon—qualities so very rarely found in one man that this work must commend itself to homœopathic general practitioners throughout the world.

THE KNOWLEDGE OF THE PHYSICIAN.¹

THIS is a course of lectures delivered by the learned author at the Boston University School of Medicine last May, and constitutes a handsome volume of nearly 300 pages. It is a grand book, a very grand book, in which the author acts as a veritable Cicerone in the many chambers of the temple of medicine, discoursing clearly, cheerily, and cleverly, and ever with classic dignity, as he conducts his hearers along. We feel very much disposed to reprint the whole book bit by bit in the form of extracts, but as that would be so manifestly unfair to author and publishers we must refrain. So our readers must buy the book for themselves. They will get a great treat, and be indebted to us for introducing it to them.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

DR. ALFRED DRYSDALE ON THE HEALTH OF MENTONE.

SIR,—It may interest some of your readers to learn the following facts, the accuracy of which I can vouch for personally, concerning the health of Mentone. It is natural that information received from the officials of winter stations should be received with suspicion, it being obviously their interest to put the best face on matters; but in this case no doubts need be entertained, for I have myself seen the papers returned by the police to the *chef de l'état civil*, to falsify or tamper with which would be a misdemeanour.

¹ The Knowledge of the Physician. By Richard Hughes, M.D. Boston: Otis Clapp and Son. 1884.

During the past summer, notwithstanding its unusual heat and consequent scarcity of water, and the influx of numbers of persons belonging to the poorest classes, flying from the cholera in Marseilles, Toulon, etc. (sometimes as many as 1,200 entering the town in one day), not only has there been no case of cholera, but among the seventy-six deaths which occurred during the summer, out of a population of 11,000, there has only been one case of typhoid fever—a man who came from Orange in Vaucluse, and died the day after his arrival, showing that he must have contracted the disease elsewhere.

The mortality this summer compares favourably with that of corresponding periods in previous years, as the following figures will show:—

Mortality during summer of 1882	89
" " " 1883	82
" " " 1884	76

This favourable result is largely due to the commendable energy of the municipal authorities. The drains were daily scoured with water containing sulphate of copper in solution, and bands of men were employed to patrol the town and remove all filth, etc. Altogether, six million francs (£240,000) has been spent on sanitary arrangements this summer alone. M. Bivries, the mayor, himself visited and inspected the worst quarters of the town.

There can be no doubt that the sanitary arrangements of Mentone have stood a severe test satisfactorily, and may now be confidently relied upon.

ALFRED DRYSDALE, M.B. Lond.,
Officier de Santé.

15, Avenue Victor Emmanuel, Mentone.

DR. USSHER ON THE SIMILLIMUM-SEARCHERS.

DEAR SIR,—Strange are the announcements one meets with nowadays, and none more so than in the pages of the *N. A. J. H.* for August. Page 23: "*Only very few physicians are able to find out the simillimum in every case.*" Of course, the editor is one, and "Berridge, and especially Skinner to the rescue," make three. I shall not insult the minority by making the triple alliance into a quadrilateral, but in the darkness that must be felt I cross my arms breastwise, and

sympathise with all the other workers who *do* what simillimum-searchers do not always accomplish—the cure of their clients. Of this we get abundant proof; remedies by the dozen are employed, and the end is not yet.

Page 112, Dr. Mossa (Zell), for migrating liver, prescribes for twenty days *Cham., Bell., Coloc., Cina, Ars., Ipec., Nux V.*, “without the least relief,” and at last ends in a bandage. But the case of a lady, a *remarkable cure* of Dr. Buchanan’s, takes the breath out of me; page 107 and following. It beats the historical cup of Dr. Skinner’s and the Falls of Niagara hollow. It is possible for liquid contents (so said one of us regarding *Apis*) to bedew the outside of a bottle—microscopically-porous glass, I suppose; but for globules to wake up the organism of a lady outside the phial is a new departure, and I dare say might have conveyed its spiritual influence placed in the room overhead. Poor Hahnemann is indeed belittled! Was I not aware that S. L. were the initials of a man I always considered distinguished, I should have feared that some young gentleman, under the cover of *Saccharum Lactis*, was poking fun at us. What connection there can be between the dose on the tongue and the bottle in the hand I cannot say; unless it was a device to see what fee she had in the other, I cannot see. Would it be too much to ask Dr. S. to “come to the rescue” and explain to us the mystery? Of course, he will say the first wisdom is a truism; simillimum-finders are few; that article is confined to the West End, the Sussex end and thereabouts. Let it be so; don’t perturb them.

Faithfully yours,
H. USSHER.

PRESENTATION TO THE EDITORS OF THE
“BRITISH JOURNAL OF HOMŒOPATHY.”

DEAR SIR,—There has been for some time past a very general feeling among members of the profession that public honour should be paid to Drs. Dudgeon, Drysdale, and Hughes, in recognition of their long and valuable services to our cause in connection with the *British Journal of Homœopathy*.

A few friends, therefore, met at Dr. Dyce Brown’s and formed themselves into a provisional committee for the purpose of considering the best means of promoting this object.

There were present Drs. Hamilton, Engall, Yeldham, Matheson, Carfrae, Galley Blackley, Lloyd Tuckey, and Dyce Brown; and letters expressing sympathy with the movement and regret at their absence were read from Mr. Hugh Cameron and Drs. Burnett, Pope, and Roth. Dr. Tuckey was requested to act as honorary secretary.

1. It was proposed by Dr. Yeldham, and seconded by Dr. Blackley, and carried unanimously, "That some mark of recognition be offered to Drs. Dudgeon, Drysdale, and Hughes for their eminent services to Homœopathy in connection with the *British Journal of Homœopathy*."

2. It was proposed by Dr. Hamilton, and seconded by Mr. Engall, and carried unanimously, "That the recognition take the form of a presentation of a piece of plate, and that subscriptions (limited to one guinea) be invited from members of the profession."

It was also resolved to form a general committee to carry out this project, and I am directed to ask you to allow your name to be placed on the list.

An early answer will be esteemed a favour.

I am, yours faithfully,

CHAS. LLOYD TUCKEY, *Hon. Sec.*

14, Green Street, Grosvenor Square,
November 1st, 1884.

[The foregoing letter tells its own tale. As stated in our last issue, we differ *toto coelo* from the editors in matters of policy, but for the men themselves, for their high standing, for the work they have done for scientific medicine, we have the very highest admiration, and to Drs. Hughes and Drysdale we personally owe deep debts of gratitude. We are very sorry the amount is limited to one guinea, but if a goodly number of our American colleagues will join hands with us the presentation may yet be worthy of the great men whom we desire to honour. We feel sure that our American *confrères* would like to join us, for the names of Drysdale, Dudgeon, and Hughes are as well known and as highly appreciated in the United States as here. We invite, then, the co-operation of our transatlantic brethren, and shall be glad to receive their contributions for the treasurer, and publish them in this journal. Will our American brother editors please copy this notice?—ED. H. W.]

BRITISH HOMŒOPATHIC MEDICAL DIRECTORY,
1885.

SIR,—We are preparing for publication the “British Homœopathic Medical Directory for 1885,” and shall be obliged for any information as to new names or corrections, etc.

We are, yours faithfully,

THOMPSON AND CAPPER.

4, Lord Street, Liverpool,
October, 1884.

BRYONIA ALBA (LIN.).

DEAR SIR,—The greenish-black berries I send for your inspection are the fruit of the true *Bryonia alba* (Lin.), or the black-berried Bryony, and were grown by myself this year. I am convinced that the only way to ensure our using the true species is to grow it oneself. I have bought seeds, and green or growing roots, from some of the largest houses in Germany as the black-berried Bryony, and I have found on planting them that they are as likely to turn out the red-berried as the black-berried species; in fact, rather more likely. The red berries I also enclose were produced from roots sent me from Germany as the black-berried species. I planted them, and this is the fruit. I leave you to judge whether it is not better to see for ourselves what we use than to go to Germany for a tincture made from roots that we cannot verify, and which are as likely to be wrong as right. These roots are brought in by ignorant herb-gatherers, who probably care nothing as to whether it is the black or red-berried plant; and although the British Homœopathic Pharmacopœia gives permission to use the English kind, *which has never been proven*, I have never heard any one in the profession speak in its favour, but often against it; and, further, if the proving of a drug means anything, our tinctures should be made from the selfsame thing, and not one like it. Certainly it is quite time that chemists who use the English Bryony should distinguish between like and same. Homœopathy is an exact science of medicine, and those who prescribe according to its laws cannot expect results if we are not exact in preparing the remedy.

I am, dear Sir, yours truly,

ALFRED HEATH.

114, Ebury Street, S.W., November 6, 1884.

DR. GEORGE DUNN ON MESMERIC ANÆSTHESIA.

SIR,—I have been very much interested in the report of Dr. Tell's case at the Homœopathic Dispensary in Louisville, and it calls to my mind the case operated on by my friend Dr. ———, of Ollerton, who was house surgeon at St. Bartholomew's Hospital during the time that I was dressing for the late Sir William Lawrence. An agricultural labourer suffering from disease of the hip joint necessitating amputation, it was determined to hypnotise him if possible, and a gentleman, whose name I forget, from Nottingham soon effected this. My friend performed the difficult operation successfully; and on the man being demesmerised, said he had not felt the slightest pain. As may well be imagined, my friend received a vast number of letters (I think he told me two thousand); and a lady patient of mine, Miss Wilson, whose foot I had to remove, desired to be mesmerised, and in Doncaster there was a gentleman who had great mesmeric power, but my patient could not be put under mesmeric influence, and I had to perform the operation, assisted by Dr ———, without the desired hypnotism. A few years after this came the other anæsthetic, and, following soon after, Dr. ———'s chloroform. Had I to undergo an operation I would much sooner have it performed, if possible, under mesmerism than under any other anæsthetic.

GEORGE DUNN, M.D.

HOMŒOPATHY IN CAMBRIDGE.—We are very glad to learn that Dr. Herbert Orpen has settled as homœopathic practitioner in Cambridge.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

DR. REGINALD JONES, BIRKENHEAD. — Your "Clinical Cases" will appear in our January issue.

DR. SIMPSON, GLASGOW.—
Your letter on "The Importance of the Simillimum" came too late for this number.

BOOKS AND JOURNALS
RECEIVED.

- The Guide, No. 12.
Dietetic Reformer, No. 154.
Homœopathic Physician.
The Journal of Medicine,
etc., No. 58.
The Cat and its Diseases.
By E. M. Hale, M.D.
The Zoophilist, Nov. 1, 1884.
Monthly Homœopathic
Review, No. 11.
Allgemeine Homœopatische
Zeitung, Bd. 109, Nos. 15, 16,
17, and 18.
Revista Homeopática Cata-
lana.
United States Medical In-
vestigator, Nos. 407, 408, and
409.
Chemist and Druggist.
New York Medical Times,
October.
Medical Counselor, Sept. 15,
Oct. 1, 1884.
Revue Homœopathique
Belge, No. 6.
The Crisis in Egypt. Lon-
don: Cousins and Co. 1884.
The Eclectic Medical Ad-
vance, No. 10.
Hahnemannian Monthly,
No. 10.
Calcutta Journal of Medi-
cine, No. 2.
The American Homœopath.
Surgical Emergencies and
Accidents. By J. G. Gilchrist,
M.D. Chicago: Duncan Bros.
1884.
Dublin Journal of Medical
Science, No. 144.

Medical Advance, No. 4.
Monthly Magazine of Phar-
macy, November.

CORRESPONDENTS.

Communications received from
Dr. John H. Clarke, London;
Mrs. A. Illingworth, Bradford;
J. H. Postlethwaite, Esq.,
Brighton; Dr. Hayward,
Liverpool; Dr. Bradshaw,
Guildford; Dr. Ussher, Lon-
don; Dr. Reginald Jones,
Birkenhead; Dr. Geo. Dunn,
London; Dr. Alfred Drysdale,
Mentone; Dr. Proctor, Birken-
head; Dr. Simpson, Glasgow;
Dr. Goullon, Weimar; Dr.
McGeary, Georgia, U.S.; Dr.
Adolf Lippe, Philadelphia.

The Homeopathic World.

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A New Symptom of Mercurius.
Mr. Franz Jacobi on Schüsslerism.
Letter from "Ex-Public Vaccinator."
Antidote to Hamamelis.
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